

American Optometric Association NEWS

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News blog
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Volume 49

July 2010

No. 1

Medicare fee 'patch' brings 2.2% increase

President Barack Obama has signed Medicare fee "patch" legislation to retroactively override a 21 percent cut in the Medicare Physician Fee Schedule (MPFS) that had been scheduled to take effect June 1. The legislation will instead provide physicians a 2.2 percent increase in their reimbursement levels for six months.

AOA Advocacy Group Director Jon Hymes credited last month's enactment of The Preservation of Access to Care

for Medicare Beneficiaries and Pension Relief Act of 2010 to an outcry from optometrists and other health care practitioners that prompted a flurry of congressional action to temporarily amend the Medicare fee schedule. With the U.S. Centers for Medicare & Medicaid Services (CMS) and its Medicare payment contractors now taking action to implement the new fee adjust-

See Patch, page 22

School Readiness Summit to focus on children's vision

The School Readiness Summit—Focus on Vision—a first-of-its-kind, broad-based national conference to ensure all American children enter school with vision adequate to meet the demands of the academic environment—is set for April 11-12, 2011, in Washington, D.C.

Thanks to HOYA Vision Care's support of the Summit,

the AOA is able to expand awareness for this important initiative and create new collaborations with other organizations on health care and school readiness.

Patterned after the influential White House Conference on Aging and similar national policy meetings, the School Readiness

See Summit, page 9



Being sworn in as the 2010-2011 AOA Board of Trustees are, from left, Hilary Hawthorne, O.D., Sam Pierce, O.D., Chris Quinn, O.D., Andrea Thau, O.D., Steve Loomis, O.D., David Cockrell, O.D., Randy Brooks, O.D., Mitch Munson, O.D., Ron Hopping, O.D., MPH, Dori Carlson, O.D., and Joe Ellis, O.D.

Reform may pose optometry's greatest opportunity, challenge

Reform of the American health care system may at once represent both the greatest opportunity and the greatest challenge in the history of optometry. That was the recurring theme expressed by outgoing 2009-2010 AOA President Randolph E. Brooks, O.D., and incoming 2010-2011 AOA President Joe E. Ellis, O.D., during Optometry's Meeting®, June 16-20 at the Gaylord Palms® Resort and Convention Center in Orlando, Fla.

Designed to guarantee health care access for all Americans, as well as place new emphasis on primary and

preventive care, this year's Patient Protection and Affordable Care Act (PPACA) includes numerous AOA-backed provisions that are intended to facilitate access to a full scope of eye and vision care through optometric practices, Dr. Brooks observed during his final report to the AOA House of Delegates.

However, if Americans are to actually have improved access to affordable primary care, careful implementation of the historic health care reforms will be at least as critical as the enactment of the reform legislation itself, Dr. Ellis warned during his inau-

gural address before the AOA House.

Over the coming months, the AOA and its affiliated state optometric associations will be called on to play an active role in shaping the rules and regulations that will guide administrators in implementing the health care reforms, Dr. Brooks emphasized in his report.

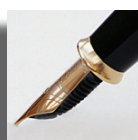
"Never before has optometry needed the AOA and its state affiliates more than now. Never before has health care needed optometry more than now," Dr. Ellis concurred in

See Reform, page 8

AOA PAC Fights and Wins for Optometry.

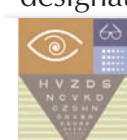
Visit www.aoa.org/AOA-PAC.xml

President's Column
Stand up for patients,
stand up for
optometry



4

The AOA Foundation
AOA House of Delegates
designates Optometry Cares as
domestic charity of
choice



6

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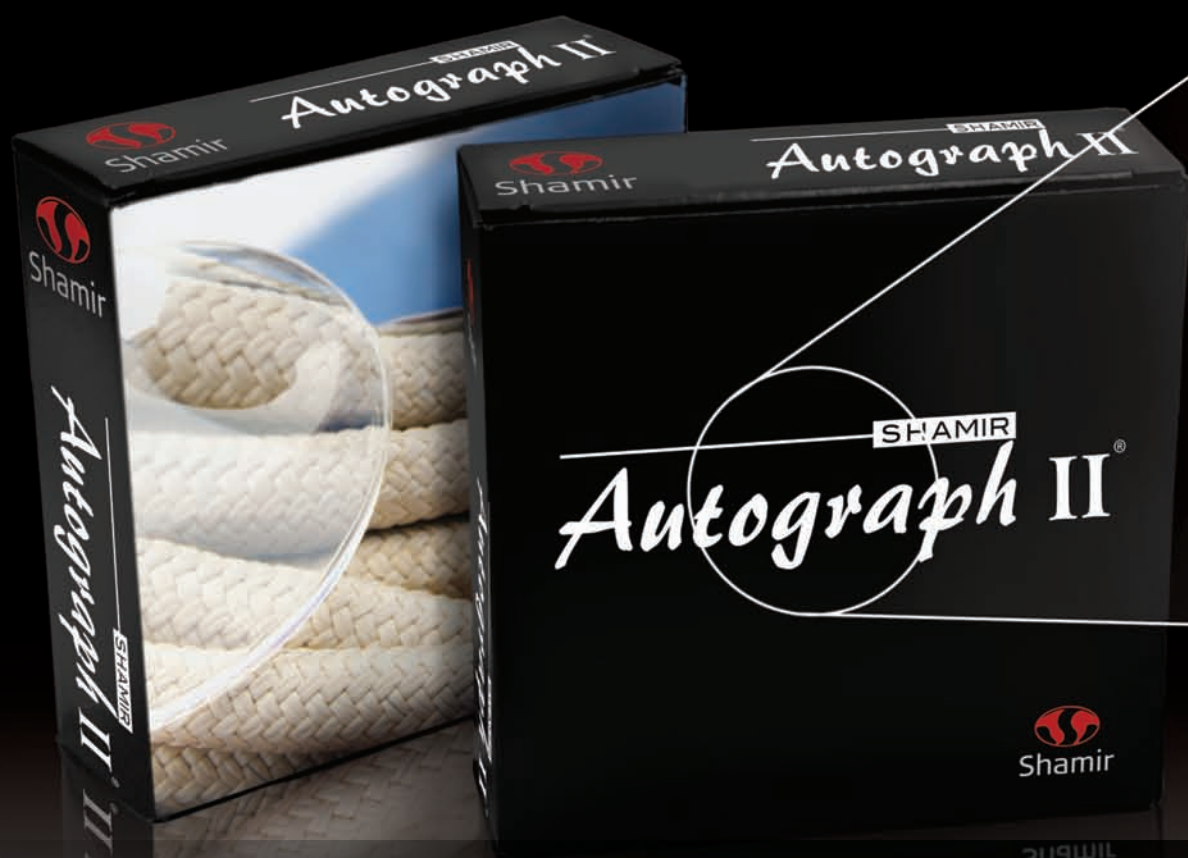
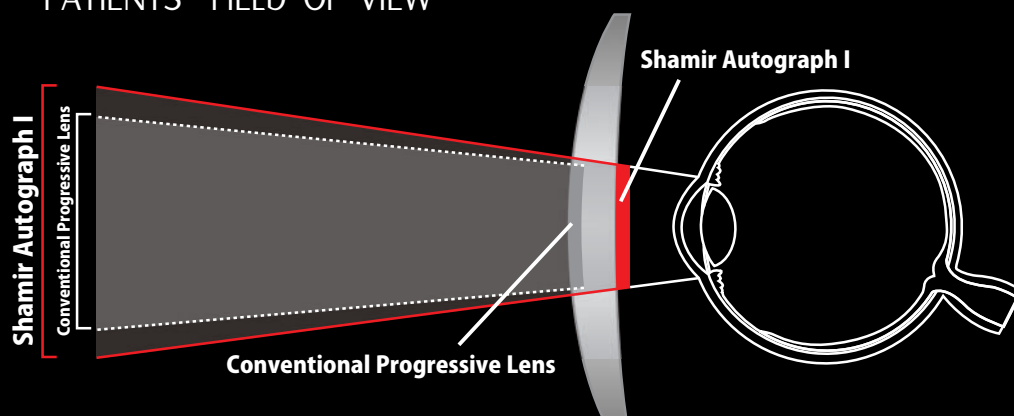
THE GENETICS BEHIND THE PERSONALIZED LENS

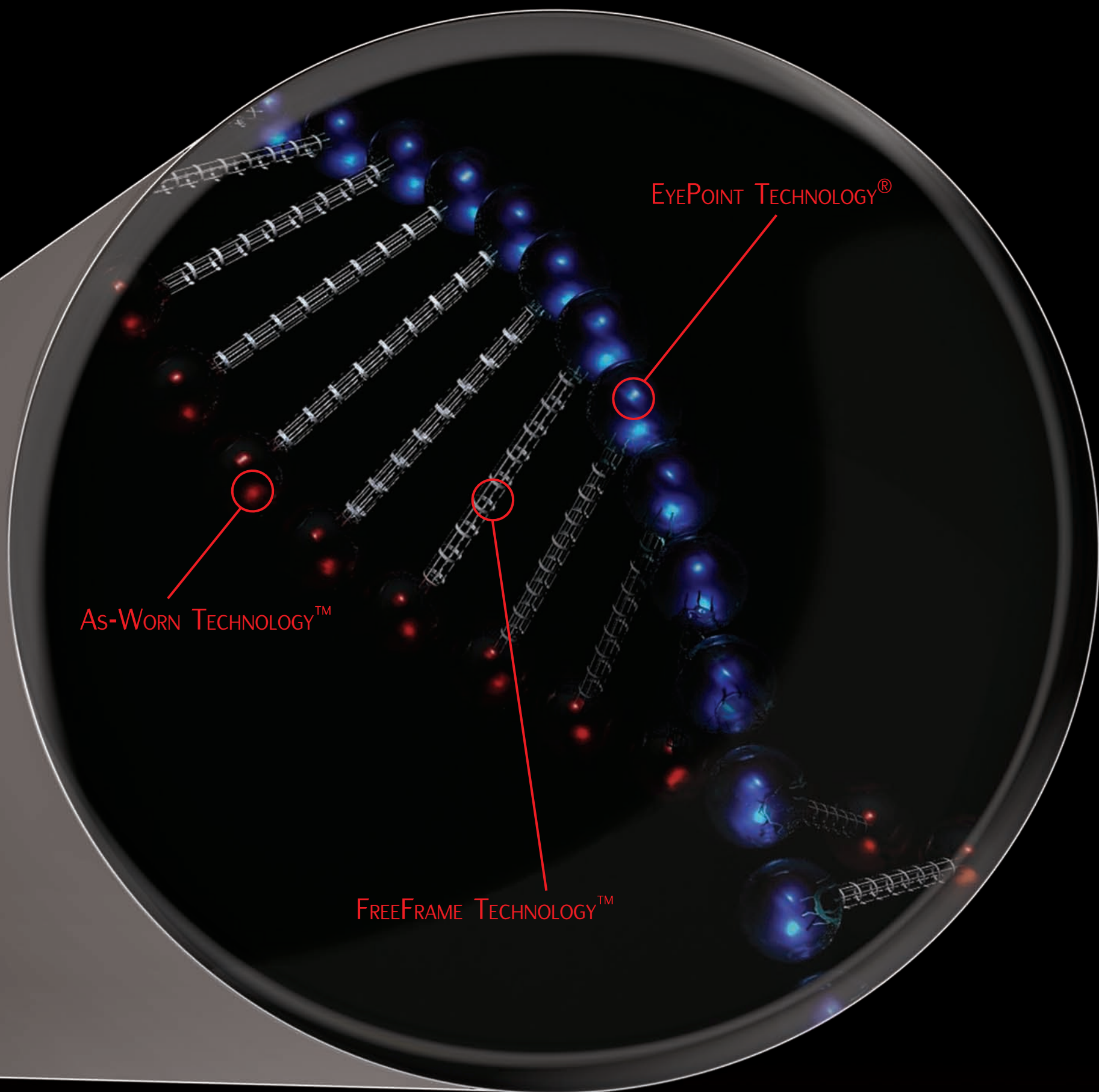
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PRESIDENT'S COLUMN

Stand up for patients, stand up for optometry

The following article is excerpted from remarks by Joe E. Ellis, O.D., as he was inaugurated as the 89th president of the AOA on June 19.

Good Afternoon, Mr. Speaker, delegates, members of the Board of Trustees, and honored guests. I first want to thank you as leaders of our profession for the privilege and honor to serve as president of the American Optometric Association!

I believe that we have just witnessed a turning of the page in the history of our profession. We have just weathered a brief period of internal debate regarding the maturity of our profession. We must now look outward. Let's move forward, TOGETHER, and face an enormous threat to the growth of our profession.

We have just witnessed the largest, the loudest and most expensive lobbying effort that this country has ever seen regarding health care reform. It is no wonder that we have just seen such an effort because 20 percent of America's economy is health care. Also, health care is such a universal concern for every American and also one of the most personal decisions that we will make.

I am proud to say that your American Optometric Association did in fact stand up for our patients and did stand up for optometry during this debate. The American Optometric Association did stand up to a range of groups intent on trying to impose their definitions, their limits and restrictions on our profession.

Throughout the health care reform debate, we stayed focused on our patients' concerns and on patient access issues. We must always remember that we as optometrists are the advocates for our patients concerning eye care and eye health in this complex and confusing system!

After five years of preparation by the AOA for the health care battle of our lifetime, we must take some time to reflect on and celebrate our efforts regarding patient advo-

er that has existed concerning patient access!

The Harkin Amendment, which will take effect in 2014, will serve as the basis of a new relationship between optometry and health plans. As an access-to-care safeguard, it will extend to ERISA plans, federal employee plans and all health plans created by the health care overhaul bill.

The time for reflection and celebration of the passage of the Harkin Amendment must end after Optometry's

We must always remember that we as optometrists are the advocates for our patients concerning eye care and eye health in this complex and confusing system!

cacy. The passage of the Harkin Amendment is the greatest patient access victory that the AOA has ever achieved for our patients. For 35 years, ERISA and the discrimination that it allowed has stood as a too-often impenetrable barrier to eye care provided by optometry. Our previous efforts on behalf of our patients regarding ERISA had failed! I personally thought in my career that I would not ever see the barrier of ERISA and provider discrimination penetrated. When you consider that 55 percent of Americans with coverage through their employer are insured under ERISA through self-funded plans, about 73 million workers, it is clear how huge a bar-

rier that has existed concerning patient access!

Meeting®. There will be many opportunities to stand up for our patients and to stand up for optometry in the months and years ahead with the implementation of health care reform.

Already, there is activity at the state level by various state governors and state legislators in creating the 50 state-based health insurance exchanges. It is critical that our state leaders and the AOA start preparation for the creation of these state health exchanges immediately! We must stand up for our patients and optometry in the state capitals!

The AOA must stand up for our patients and optometry in Washington, D.C., as the promulgation of regulations



Dr. Ellis

takes place concerning health care reform. This regulatory activity will be the largest that America has ever seen. To give you an example, the bill that created Medicare and Medicaid in the 1960s was about 70 pages; the health care reform bill is well over 2,000 pages.

The AOA must continue to stand up for our patients and optometry in particular with the following: the regulations concerning creation of state health exchanges; the definition of a children's vision benefit within the state exchanges; the inclusion of vision care as part of essential care of school-based health care; and eye health and vision care as an essential part of the community health centers, to name just a few key areas where the AOA must stand up for our patients and optometry.

We have just seen the start of a regulatory avalanche recently with PQRI and EHR implementation. Now we face an even greater regulatory avalanche with implementation of health care reform. We have already seen regulatory efforts,

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Optometry Cares designated as domestic charity of choice

Newly renamed
Optometry Cares,
The AOA
Foundation received the official designation as the AOA's

and vision care access for everyone in the United States in order to enhance human performance and quality of life.

endeavors.”
Increased visibility, awareness and donations will make eye care available and more accessible to a growing

Increased visibility, awareness and donations will make eye care available and more accessible to a growing number of Americans in need of eye care services that currently remain out of their reach.

domestic charity of choice by the House of Delegates during Optometry's Meeting® in Orlando.

All optometrists and the ophthalmic industry are encouraged to support Optometry Cares with individual generous financial contributions and volunteer participation as well as to recommend that their patients and friends also support its charitable activities.

The new name was chosen to reflect the foundation's mission to expand eye health

“The board is enthusiastic about Optometry Cares and the direction this new name sets for the Foundation,” said Martha Rosemore Greenberg, O.D., president of Optometry Cares. “We are grateful for the unanimous support of the AOA House of Delegates and look forward to opportunities to join forces with local, state and regional groups, individual optometrists, and industry partners to raise funds and awareness of Optometry Cares and its philanthropic

number of Americans in need of eye care services that currently remain out of their reach.

The programming of Optometry Cares remains the same: InfantSEE®, VISION USA, Healthy Eyes Healthy People® State Grants, the Endowment Fund, Optometry's Fund for Disaster Relief, The Archives & Museum of Optometry and the National Optometry Hall of Fame.

Donors may designate their funds to be applied to a

specific program or donate to the general fund.

To make an online donation, visit www.optometryscharity.org.

Donations by mail may be sent to Optometry Cares, The AOA Foundation, 243 N. Lindbergh Blvd., First Floor, St. Louis, MO 63141.

To learn about participating in the workplace giving campaign or to implement other creative fund- and friend-raising activities in your practice or community, send an e-mail to foundation@aoa.org.

For other inquiries, call 800-365-2219, ext. 4200.



The annual charity gala at Optometry's Meeting® featured performers during “Optometry's Got Talent!” The American Optometric Student Association was represented by, from left, Remi Miljavac, Shilpi Ratra, Saysha Blazier, Matt Willis, Roman Gerber and Marc Kallal who sang “Summer Lovin’” from “Grease.”



American Optometric Association

Electronic health records are here. Is your practice ready?

The age of electronic health records (EHRs) is here and the American Optometric Association, in collaboration with State Affiliates, supports practicing optometrists.

- Federal EHR incentives begin January 1, 2011.
- The national EHR infrastructure – the Nationwide Health Information Network is scheduled to begin operations in 2014.
- Medicare begins penalizing practitioners who do not use EHRs in 2015.

The AOA's Electronic Health Records (EHR) Preparedness Program for Optometry offers practical guidance on EHR implementation through:

Enhancing Patient Care through Implementation of EHRs, a comprehensive EHR continuing education course at state optometric association meetings.

3 Hour COPE Approved Course and for certified paraoptometrics, 3 hours of CPC continuing education credit.

The AOA Electronic Health Records Page, a one-stop, online EHR information source for optometrists, on the AOA Website at www.aoa.org/EHR.

For more information on current 2010 scheduled courses, visit www.aoa.org/EHR and click on the 2010 Scheduled Courses link.



The AOA Electronic Health Records (EHR) Preparedness Course is generously supported by:

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TOPCON
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AOA seeks federal action targeting illegal cosmetic CL sales

As a result of a push by the AOA and concerned ODs from across the country, what's been described as the largest meeting ever of federal officials concerned about the illegal sale of decorative contact lenses was convened by the Food and Drug Administration (FDA) near the nation's capital last month.

AOA Associate Director for Health Sciences and Policy Michael Duenas, O.D., and Lauren Finkelstein, AOA's ASCO manager of Government Affairs, led the session armed with specific information from optometrists about illegal contact lens sales, the Web sites and addresses of unscrupulous contact lens sellers and even shipments of illegally sold decorative lenses.

In early 2010 the AOA and the American Academy of Ophthalmology (AAO) began a joint campaign to stop illegal sales of decorative contact lenses.

In a letter dated Jan. 11, 2010, the pair urged the FDA to launch an investigation into marketing and sales of decorative and non-corrective

contacted lenses and to take appropriate and necessary actions to better protect the public against health threats that can come from improper use of contact lenses.

The decorative lenses displayed at the meeting were ordered in a power of -1.00 without a doctor's prescription and were clearly

misabeled in sealed vials with no indication of base curve or diameter.

Additionally, the 38 percent water content lenses were marketed for continu-

platform to brainstorm with FDA officials," stated Finkelstein.

The dialogue soon turned to potential solutions, including; a need for a multi-

agency, multi-organizational response, enhanced adverse health and injury data collection, the need for the development of a social media

warning campaign, and enhanced and targeted enforcement actions.

Making the FDA more aware of this enormous public health concern proved successful with Malvina Eydelman, M.D., director, Division of Ophthalmic Neurological Ear Nose & Throat Devices (DONED), Center for Devices and Radiological Health (CDRH), Office of Device Evaluation (ODE) calling for the formation of a FDA-sponsored interagency/ mul-

tiorganization workgroup to help advance a permanent solution to the problem.

Attending the meeting along with AOA representatives were two representatives from the AAO; 12 senior-level FDA staff members, including two FDA optometrists; James Saviola, O.D., network leader for the Ophthalmic and ENT Network - CDRH, Office of the Center Director and Bernard Lepri, O.D., optometrist, DONED, CDRH, ODE; and one FDA ophthalmologist.

This meeting would not have been the success it was without the help of AOA members who reported violations found in their own communities.

To help stop the illegal and dangerous sales of decorative contact lenses, report any violations and adverse health consequences to Lauren Finkelstein of the AOA Washington office at lfinkelstein@aoa.org or 703-837-1378.

FDA officials were all shocked and dismayed by the simplicity of the process and the aggressive targeting of adolescents.

ous wear and no disinfecting system was included with the order. FDA officials were all shocked and dismayed by the simplicity of the process and the aggressive targeting of adolescents.

"With the FDA's tagline of 'Protecting and Promoting Health' the recent gathering served as an outstanding

IRS releases small business health care tax credit

The Internal Revenue Service (IRS) has released information and guidance on a new health care tax credit which passed under the health overhaul legislation approved by Congress and signed into law by President Obama earlier this year.

The small business health care tax credit, which is in effect this year, is designed to encourage small employers to offer health insurance coverage for the first time or maintain coverage they are already providing to their employees.

The IRS guidance, which can be found on the IRS Web site (www.irs.gov), is intended to make it easier for small businesses to determine whether they are eligible for the new health care tax credit and how large a credit they will likely receive.

The credit is specifically targeted to help small businesses and tax-exempt organizations that primarily employ

moderate- and lower-income workers.

Small businesses receiving state health care tax credits may still qualify for the full federal tax credit.

In general, the credit is available to small employers that pay at least half the cost of single coverage for their employees.

Small businesses are permitted to receive the credit not only for regular health insurance but also for add-on dental and vision coverage.

For tax years 2010 to 2013, the maximum credit is 35 percent of premiums paid by eligible small business employers and 25 percent of premiums paid by eligible employers that are tax-exempt organizations. The maximum credit goes to smaller employers — those with 10 or fewer full-time equivalent (FTE) employees — paying annual average wages of \$25,000 or less.

The credit is completely phased out for employers that

have 25 FTEs or more or that pay average wages of \$50,000 per year or more.

Because the eligibility rules are based in part on the number of FTEs, not the number of employees, businesses that use part-time help may qualify even if they employ more than 25 individuals.

Eligible small businesses can claim the credit as part of the general business credit starting with the 2010 income tax return they file in 2011. For tax-exempt organizations, the IRS will provide further information on how to claim the credit.

More information about the credit, including a step-by-step guide and answers to frequently asked questions, is available under the Affordable Care Act Tax Provision tag on the IRS Web site.

Members with further questions should contact Matt Willette of the AOA Washington office at mwillette@aoa.org.

Sitting down with a Senate hopeful



AOA Washington Office Director Jon Hymes met recently with North Dakota Gov. John Hoeven (R) to discuss all things optometry.

Hoeven is the front-runner in the race to replace retiring U.S. Sen. Byron Dorgan (D-N.D.) and has been a strong supporter of ODs, including backing efforts to expand the scope and reach of InfantSEE® efforts in his home state.

Reform,

from page 1

his address.

In addition to authorizing new insurance programs that will provide coverage for up to 32 million currently uninsured Americans, the reform legislation incorporates landmark federal provider non-discrimination provisions, contained in the Harkin Amendment, that will guarantee access to care by optometrists under all federally regulated health insurance programs — including federal employee plans, employer-based plans organized under the federal

most historic advances in patient access to optometric care since the 1986 recognition of optometrists as physicians under Medicare,” Dr. Brooks told the AOA House of Delegates.

However, in the case of major legislation such as the health reform law, “there are always two steps,” Dr. Ellis emphasized during a press briefing. The first is the enactment of the legislation itself; the second is the development of regulations outlining the specific rules for the imple-

“This regulatory activity will be the largest that America has ever seen.”

mentation of the law, he noted.

Health care practitioners

Employee Retirement Income Security Act (ERISA) and a new insurance plan created under the reform bill. ERISA plans alone provide coverage for 73 million Americans, or about 55 percent of U.S. workers, who receive insurance coverage through their employers. Arbitrary exclusion from ERISA plans has long been a problem for optometrists, Dr. Brooks noted.

During Optometry’s Meeting®, U.S. Department of Health & Human Services (HHS) Secretary Kathleen Sebelius, in a videotaped message, stated that the new health plans authorized under the reform legislation should be required to cover comprehensive eye examinations for children. That could provide access to comprehensive eye examinations for millions of currently uninsured children, several Optometry’s Meeting® speakers noted.

“Regardless of whether or not you were personally in favor of health care reform, every optometrist should be proud of the AOA’s engagement and advocacy in Washington, D.C., on behalf of our patients and our profession. The approval of the Harkin (provider non-discrimination) Amendment is an integral part of a tremendous victory for optometry and will likely prove to be one of the

need only look at the myriad regulations governing Medicare to appreciate how complex the rules governing health care can be and how profoundly they can impact patient care and practice management, Dr. Ellis noted.

In the case of health care reform, the rules and regulations will be just as important and will probably take decades to develop, Dr. Ellis noted.

“This regulatory activity will be the largest that America has ever seen. To give you an example, the bill that created Medicare and Medicaid in the 1960s was about 70 pages; the health care reform bill is well over 2,000 pages,” Dr. Ellis told the AOA House of Delegates.

In addition, health care reforms will be implemented at both the federal and state level, creating “a double challenge,” Dr. Ellis told the press conference.

Many important decisions related to health care reform will effectively be made in state legislatures or by state government administrators around the nation, he noted.

For example, new health plan options authorized under the reform legislation will be made available through a new system of state-based health insurance exchanges, Dr. Brooks noted.

“The good news is there is no national health insurance

exchange (as had been proposed in some versions of the reform legislation) that might discriminate against optometrists. The bad news is there will be 50 state exchanges that might discriminate against optometrists,” Dr. Ellis said.

The AOA recently expanded its State Government Relations Center staff to help state optometric associations work on such reform-related issues.

Drs. Brooks and Ellis both expressed hope the HHS secretary’s announcement on comprehensive eye examination for children would represent the first of many reform-related rules and regulations favorable to optometrists and their patients.

However, they also warned that opponents of the new patient access provisions will be attempting to use the rulemaking process to weaken or circumvent access protections at both the state and federal levels.

Even as AOA members gathered for their annual meeting last month, the House of Delegates of the American Medical Association was considering a resolution in opposition to the reform law’s provider nondiscrimination provisions, Dr. Ellis noted.

As health care reform regulations are developed over the coming months and years, the AOA will issue compliance guidance to member optometrists in a timely fashion, AOA Advocacy Group Director Jon Hymes noted.

In the meantime, both Dr. Brooks and Dr. Ellis are both calling for optometrists across the nation to join together in a unified effort to ensure patient access provisions and other important reform measures are protected at both the state and federal levels. Dr. Brooks also called for optometrists to become involved in the organization of state insurance exchanges and other entities that will be charged with implementing reforms at the state or local levels.

“Now the real work begins,” Dr. Ellis said.

Sebelius delivers remarks to AOA HOD



In a special videotaped message to the AOA House of Delegates, U.S. Department of Health & Human Services (HHS) Secretary Kathleen Sebelius highlighted the need for expanded access to eye health and vision care for America’s children and made clear her determination to ensure that the health care overhaul law’s required children’s vision benefit will extend far beyond a basic screening.

“Last month, our department reported that in nine states, 75 percent of children covered by Medicaid didn’t receive their required medical, vision and hearing screenings,” said Secretary Sebelius. “The Affordable Care Act begins to tackle that problem by making a comprehensive eye exam an essential children’s health benefit.”

Secretary Sebelius also saluted the role of the AOA and its leaders, including AOA President Joe Ellis, O.D.; Randy Brooks, O.D., immediate past president; and Barry Barresi, O.D., executive director, for their involvement in the legislative process over the last year and a half.

“Now, as HHS agencies begin to implement the eye health and patient access provisions of the new health care law, the AOA is staying in close touch with Secretary Sebelius and her key aides,” said AOA Advocacy Group Director Jon Hymes.

Secretary Sebelius is first presidential Cabinet officer and the highest-ranking federal government official to deliver remarks to the AOA House of Delegates.

Fee patch does not require collection of increased co-pays

Legislation enacted last month to retroactively raise Medicare Part B fee-for-service reimbursements will not require health care practitioners to collect corresponding increases in Medicare co-payments from patients, according to a policy statement from the Office of the Inspector General (OIG) of the U.S. Department of Health & Human Services. Medicare Part B patients are responsible for co-payments equal to 20 percent of the Medicare-approved amount of the physician reimbursements for services received. Any increases in Medicare physician reimbursements therefore effectively increase the co-payments due from patients, the OIG notes. The OIG indicated it will allow physicians to waive additional beneficiary liability that results from the implementation of retroactive Medicare fee adjustments. The OIG also emphasizes the new policy does not allow practitioners to waive all co-payments for services provided to Medicare patients during the retroactive fee period, only to waive increases in co-payments directly resulting from the new fee increases. The complete OIG policy statement can be accessed on the office’s Web site at www.oig.hhs.gov/fraud/docs/alertsandbulletins/Retroactive_Beneficiary_Cost-Sharing_Liability.pdf.



EYE ON WASHINGTON

Summit,

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Summit will coalesce a partnership of government and private-sector entities around cohesive strategies to provide a continuum of eye and vision care for the nation's preschool children, according to AOA President-elect Dori Carlson, O.D.

Dr. Carlson formally announced the summit during the AOA House of Delegates.

"Vision disorders are the fourth most common disability in the U.S. Vision problems affect 20 to 25 percent of children in the U.S.; some 12.1

million. Eighty percent of a child's learning occurs through visual input," Dr. Carlson said. "Yet, according to the Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report*, only 36 percent of all preschool children received a vision screening in 2002. Studies from the past two decades

reveal that there exists a public health emergency with respect to child vision health in the United States and that we are making no progress toward its solution."

"Millions of children are not receiving essential eye care services, which can prevent eye disease, developmental delays, school and social achievement problems," Dr. Carlson continued. "Given the asymptomatic nature of most eye and vision disorders and that most childhood vision problems can be prevented through early detection, follow up and treatment, it is essential that the building of a comprehensive child vision care system as part of the public health system at the local, state and federal levels become a top priority."

The National Commission on Vision and

Health – a non-partisan organization dedicated to assuring access to vision care as an integrated part of public health programs at the national, state and local levels – has developed guidance on Building a Comprehensive Child Vision Care System, Dr. Carlson noted.

The summit will now endeavor to see such plans are implemented, Dr. Carlson said.

The summit is intended to "develop a broad coalition to improve the readiness and

American Speech Language and Hearing Association, and the National Head Start Association.

Numerous agencies and organizations will be invited to participate in the summit, Dr. Carlson said.

"It is our goal that each participating organization will leave with a specific measurable goal and implementation strategy that will promote good vision performance in children prior to entering school," Dr. Carlson said.

The summit will center largely on ensuring American preschool children have their eyes examined in their first year of life, again at 3 years of age, prior to entering school, and again as recommended by their optometrist. Alternative examination schedules may be recommended by the examining practitioner for children found with, or at risk for, specific eye conditions.

"It is about establishing a continuum of care that starts in the first year of life, continues at age 3 and before a child enters school," Dr. Carlson said.

Just prior to Dr. Carlson's presentation, Greg Hicks, O.D., and Karla Zadnik, O.D., Ph.D., detailed a program under which the Ohio Optometric Association and school nurses developed a model cooperative program to ensure good vision for children entering school.

The summit is being organized by the AOA Professional Relations Committee under Chair Jacqueline M. Bowen, O.D.

Organizers hope it will be the first in a series of annual summits on school readiness with a different theme each year.

The summit will center largely on ensuring American preschool children have their eyes examined in their first year of life, again at 3 years of age, prior to entering school, and again as recommended by their optometrist.

success of children in school," Dr. Carlson said. "It will allow participants to share collaboration strategies and resources to assist organizations and professionals in preparing young children for school as it relates to vision; explore, understand and appreciate the interdependent effect collaborating organizations have on school readiness; (and) inspire collaboration that enhances school readiness."

The planning committee for the summit consists of the AOA, Association of Maternal and Child Health Programs, National Association of Pediatric Nurse Practitioners, the Vision Council, National Commission on Vision and Health, U.S. Department of Education, National Association of School Nurses,

New PQRI reporting period begins July 1

It is not too late to start participating in the 2010 Physician Quality Reporting Initiative (PQRI) and potentially qualify to receive incentive payments, the U.S. Centers for Medicare & Medicaid Services (CMS) is reminding practitioners. A new six-month reporting period begins July 1.

Medicare's PQRI program this year has two reporting periods: a 12-month reporting period that extends from Jan. 1 to Dec. 31 and a six-month reporting period that extends from July 1 to Dec. 31. Eligible health care professionals who satisfactorily report PQRI measures during the six-month reporting period will be eligible to receive a PQRI incentive payment equal to 2 percent of their total Medicare Part B allowed charges for services performed during the reporting period. In previous years, health care practitioners who wished to qualify for PQRI incentive payments were required to report health quality measures over the course of the entire year.

"This year, the addition of a second, shorter reporting period over the second half of the year effectively gives health care practitioners a second chance to report PQRI quality measures and earn PQRI bonus payments," noted Charles Brownlow, O.D., associate director of the AOA Third Party Center.

Most optometrists participate in the PQRI program through claims-based reporting of individual measures. PQRI claims-based reporting involves the addition of CPT Level II quality-data codes (QDCs) to claims submitted for services when billing Medicare Part B. To qualify for incentives, practitioners must report on at least three individual measures (or on each measure if less than three measures apply) for 80 percent or more of applicable patients.

Eligible health care professionals do not need to sign up or pre-register to participate in the 2010 PQRI. Submission of QDCs for individual PQRI measures to CMS on Medicare claims will automatically initiate the doctor's participation in PQRI.

Doctors and staff may refer to the AOA Web site for additional information, including a chart of covered measures and coding tips for eye care services and a recorded Webinar.

Although practitioners are not required to register before submitting the data, there are some preparatory steps that eligible professionals should take prior to undertaking PQRI reporting, according to the CMS. For that reason, the agency offers numerous educational products that provide information about how to get started with PQRI reporting, including the 2010 PQRI Implementation Guide (www.cms.gov/PQRI/Downloads/2010_PQRI_ImplementationGuide_02-10-2010_FINAL.pdf).

All of the educational resources can be accessed on the CMS Web site PQRI page (www.cms.gov/PQRI.xml). The CMS encourages eligible professionals to visit the agency's PQRI Web page often for the latest information and downloads on the quality measure reporting program.

AOA members can find additional information on the PQRI program and links to CMS PQRI resources on the AOA Web site PQRI page (www.aoa.org/PQRI). They can also access extensive PQRI information through the AOA's free member coding and billing resource, AOA Coding Today (<http://aoa.codingtoday.com>).

AOA honors military and VA optometry



The AOA House of Delegates dedicated part of its agenda to recognizing those who serve the country.

The family of Rob Soltes, O.D., accepted a copy of the official signed bill naming the new Long Beach, Calif., Department of Veterans Affairs Blind Rehabilitation Center in honor of the fallen optometrist. Soltes' wife, Sally Dang, O.D., said "Rob loved life, loved the army, and loved optometry. He knew he was going to make a difference." Dr. Dang is shown at right above with her sons as they are greeted by Jeff Weaver, O.D., American Board of Optometry executive director, following the ceremony.

The House of Delegates also recognized the partnership of other veterans and presented Health Care Leadership Awards to Tom Zampieri, Ph.D., director, Government Relations, of the Blinded Veterans Association; Don Gomez, spokesperson for Iraq & Afghanistan Veterans of America; and Michael J. O'Rourke, assistant director, Veterans Health Policy, of the Veterans of Foreign Wars.

AOA HOD gives nod to foundation, sees little debate on board certification

A new optometric foundation and a program to identify impaired motorists both found favor with the annual House of Delegates (HOD) at Optometry's Meeting® in Orlando this year.

However, an anticipated extended debate on optometric board certification, similar to that in last year's House, failed to materialize as a series of resolutions prompted by the certification effort either failed to find delegate support or were withdrawn.

Optometry Cares, The AOA Foundation is the new name for the 501(c)(3) charitable foundation encompassing InfantSEE®, VISION USA, Optometry's Fund for Disaster Relief, the Archives and Museum of Optometry and an endowment fund. The resolution designating the foundation as the domestic charity of choice was introduced by the AOA Board and approved on a unanimous voice vote.

The House resolution in support of the impaired driver

identification program, submitted jointly by the Connecticut Association of Optometrists and New Jersey Society of Optometric Physicians, was unanimously approved on a voice vote. Administered by the International Association of Chiefs of Police, the Drug Evaluation and Classification (DEC) program offers certification for law enforcement officials as drug recognition experts (DREs), proficient in the testing of motorists for use of drugs and alcohol.

Only one of four resolutions submitted by the Optometric Society of the District of Columbia on various issues related to board certification came to a vote.

A resolution objecting to the AOA's offer of a line of credit to the American Board of Optometry without the consent of the AOA HOD was defeated on a unanimous voice vote.

A second resolution calling for an independent audit to determine the total extent of financial support extended by

the AOA to the ABO was withdrawn by the sponsor after AOA Secretary-Treasurer Ronald Hopping, O.D., MPH, outlined the expenditure in his report to the House.

A third resolution calling for a review by an independent law firm to determine if federations such as the AOA – in which members are required to join both a state and national organization – violate federal or state antitrust laws failed for lack of a second.

A final resolution called for the removal from the ABO of any AOA representatives involved in the development of several ABO slogans or graphics that critics felt could be divisive to the profession. It was withdrawn by the sponsor after a review by the AOA Resolutions Committee of the ABO Bylaws determined the resolution would not be binding on the ABO.

All AOA HOD resolutions are subject to review by the AOA Judicial Council before they can be made effective.

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Comedian John Pinette surprises Presidential Celebration opener Frank Caliendo on stage. The comedians entertained Optometry's Meeting® audience members on June 19. Caliendo said he was "looking at President Obama the other day and really missed Bush. I miss having a president who seems like he's always looking into the sun. Somebody get that guy some sunglasses!" Pinette's topics included his food allergy. "My doctor asked 'do you eat a lot of gluten?' I said put me down for yes. The doctor said I was allergic to gluten. I don't know what gluten is, but apparently it's delicious." Next year's Optometry's Meeting® will be in Salt Lake City June 15-19.

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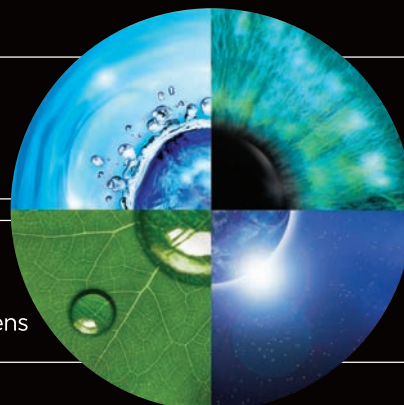
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American Optometric
Association

Member Advantage

a **NOTE** from Dr. T. Joel Byars on AOA's
New & Only Endorsed Professional
Liability Insurance Program...

Dear Colleague,

Choosing professional liability coverage may be one of the most important business decisions you will make as a Doctor of Optometry. That is why the AOA Insurance Committee and Board of Trustees deliberated for over a year before choosing new partners for the AOA endorsed insurance program.

Our decision was based on what is best for the practicing member, now and into the future. Our new partners, Lockton Affinity and ProAssurance, offer you the following advantages:

Guaranteed full scope of licensure coverage, even as your scope of practice increases

Unprecedented doctor participation on carrier committees, including claims and rate review

A more attractive rate structure, and better rate setting process

We are excited about the potential this plan holds for our members and the AOA, and we believe it will set the standard for coverage, value and support for the profession. I hope you will join me in making the AOA Insurance Alliance your choice.

Sincerely,

T. Joel Byars, O.D.
Chair, AOA Insurance Committee

P.S. You might receive an insurance offer from the previous provider of the AOA professional liability program. Please note that the AOA Insurance Alliance is the only approved and sponsored program by AOA.

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Program underwriter varies by state and is either PACO Assurance Company, Inc. (A- Excellent rating by A.M. Best), ProAssurance Indemnity Company, Inc., or PICA (A Excellent rating by A.M. Best). The AOA Insurance Alliance is administered by Lockton Risk Services.



State ODs of the Year represent best of the best

LYNN HAMMONDS, O.D. **Alabama Optometric Association**

Dr.

Hammonds is a 1991 graduate of the University of Alabama at Birmingham School of Optometry. She volunteers for the AOA's InfantSEE® Committee and has served in every leadership position within the Alabama Optometric Association, including president in 2003. Dr. Hammonds currently serves as the president of the Alabama Board of Optometry while practicing with EyeCare Associates in Birmingham, Ala. In 2009, she was the recipient of the Alabama Optometrist of the Year award.



ANNETTE G. WEBB, O.D. **Arkansas Optometric Association**

Dr. Webb is a 1995 graduate of the Southern College of Optometry. She has served in countless roles for the Arkansas Optometric Association (ArOA), including serving as a committee member and serving as Membership chair and Continuing Education chair. Currently, Dr. Webb serves as vice president for the ArOA and serves on its board of directors. In 2009, she was the recipient of the Optometrist of the Year award. Dr. Webb is the owner and optometrist for Webb Eye Care in Hot Springs, Ark.



LT. COL. ANNETTE J. WILLIAMSON, O.D. **Armed Forces Optometric Society**

Dr. Williamson is a 1990 graduate of Northeastern State University College of Optometry. In addition to being a longtime member of the AOA, Dr. Williamson cur-



rently serves on the Armed Forces Optometric Society Steering Committee as the Exhibits chair.

JOSEPH C. MALLINGER, O.D. **California Optometric Association**

Dr. Mallinger is a 1972 graduate of the Southern California College of Optometry. In addition to being a longtime member of the AOA and the COA, he has served many roles within the COA. Between 1989 and 1995, he served on the Board of Trustees for the COA as Trustee coordinator, secretary-treasurer, president-elect, president, and immediate past president. Dr. Mallinger was the recipient of the 2009 COA Optometrist of the Year award.



ROGER TRUDELL, O.D. **Colorado Optometric Association**

Dr. Trudell is a 1982 graduate of the Illinois College of Optometry. In addition to being a longtime member of the AOA, he has served on the COA's Board of Trustees, Third Party Care Committee, and currently serves as chair of the Membership Benefits Committee. Dr. Trudell has volunteered for such programs as InfantSEE® and VISION USA.



WILLIAM V. PADULA, O.D. **Connecticut Association of Optometrists**

Dr. Padula is a 1976 graduate of the Pennsylvania College of Optometry. In addition to being a longtime member of the AOA, he is also the founding chair of the AOA's Low Vision Section. Dr. Padula was named the Connecticut Association of Optometrists' 2010 OD of the Year for his



outstanding participation and contributions to organized optometry and his community.

CHRIS HOBSON, O.D. **Georgia Optometric Association**

Dr. Hobson is a 1976 graduate of The Ohio State University, College of Optometry. He currently serves as the chair of the AOA PAC for the Georgia Optometric Association and has previously served in the positions of secretary, treasurer, vice president and president. Dr. Hobson also spent many years as a trustee on the GOA Board of Trustees. In 2009, he was the recipient of the GOA Optometrist of the Year award.



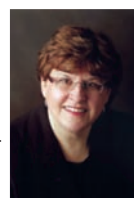
W. GREGG EUBANKS, O.D., deceased **Illinois Optometric Association**

Dr. Eubanks graduated from the Illinois College of Optometry in 1981. In addition to being a longtime member of the AOA, he served as president of the IOA from 2007-2008 and served on multiple committees, including chairing the VISION USA and Healthy Eyes Healthy People® programs. Dr. Eubanks was awarded the Illinois Optometrist of the Year award in 2009.



MARJORIE J. KNOTTS, O.D. **Indiana Optometric Association**

Dr. Knotts is a 1984 graduate of the Indiana University, School of Optometry. She has been a longtime member of the AOA and has served as treasurer and president of the IOA. Dr. Knotts was the recipient of the Indiana Optometric Association Distinguished



Immediate Past President Randy Brooks, O.D., presents the Distinguished Service Award to Jim Sandefur, O.D., of Louisiana at Optometry's Meeting® in Orlando, Fla.

Service Award in 2006 and IOA Optometrist of the Year in 2009.

MIKE TODD, O.D. **Kansas Optometric Association**

Dr. Todd is a 1979 graduate of the University of Houston College of Optometry. As a member of the AOA, he has served as the chair of the AOA-Eye Care Benefits Committee Coding Subcommittee and was a member of the Eye Care Benefits Center. Dr. Todd has participated in numerous KOA committees, including serving as chair of the Industrial Safety, Give-A-Day, Hospital Privileges, and Third Party Care committees. He is a VISION USA participant and currently practices in Augusta and Valley Center, Kan.



RANDY STEELE, O.D. **Kentucky Optometric Association**

Dr. Steele is a 1983 graduate of the University of Houston College of Optometry. He has been a longtime supporter of AOA PAC and has held all elected offices of the KOA, including president in 1996. Most recently he served as the



Healthy Eyes Healthy People® coordinator for Kentucky. Dr. Steele was awarded the KOA's 2009 Optometrist of the Year award.

SEN. DAVID R. HEITMEIER, O.D. **Optometry Association of Louisiana**

Dr. Heitmeier is a 1987 graduate of the University of Houston College of Optometry. He is an AOA Federal Keyperson as well as an InfantSEE® provider. In 2007, Dr. Heitmeier was the first optometrist ever elected to serve in either body of the Louisiana state legislature when he won a four-year term in the Louisiana Senate. He is the founder and owner of Nautical Optical Laboratory, Lafitte Eye Care and the sole owner and director of Heitmeier & Armani, Medical and Surgical Eye Care Center.



CHRISTINE KISPERT KING, O.D. **Maryland Optometric Association**

Dr. King is a 1985 graduate of the University of Alabama at Birmingham

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School of Optometry. She began volunteering with the Maryland Optometric Association by serving as secretary from 1987-1990 and served as chair of the Education Committee from 1990-1993 while simultaneously serving as vice president. Dr. King has been an InfantSEE® provider since 2005 and received the Melvin Waxman Award for dedication and long-term service to optometry in 2009.



and the Keyperson of the Year.

WILLIAM EARL MALONE, O.D. **Mississippi Optometric Association**

Dr. Malone is a 1969 graduate of the Southern College of Optometry. A member of the AOA and the MOA for 40 years, he has served all offices of the MOA, from board member to president,



Healthy Eyes Healthy People® meetings on his children's vision projects, in addition to chairing the MOA Public Relations Committee, the MOA Credentials Committee, the MOA Membership Committee and the MOA Governmental Affairs Committee. Dr. Curtis also served as a trustee on the MOA Board of Directors from 2002-2007.

JERRY VAUGHAN, O.D. **Nebraska Optometric Association**

Dr. Vaughan is a 1977 graduate of the Illinois College of Optometry. In addition to being a long-time member of the AOA, Dr. Vaughan has served on the NOA Consumer Advocacy, Political Advocacy/Legislative Affairs, Pediatric Marketing and the Children's Vision Legislative committees. He was the president of the NOA in 1989 and most recently served on the Legislative Task Force in 2009. Dr. Vaughan was also the recipient of the NOA's 2009 Optometrist of the Year Award. He currently practices with the Kearney Eye Institute.



MARIA S. RICHMAN, O.D. **New Jersey Society of Optometric Physicians**

Dr. Richman is a 1990 graduate of the Pennsylvania College of Optometry. She is an active member of the AOA Vision Rehabilitation Section and gave her first presentation as a lecturer for the VRS at Optometry's Meeting® in 2009. That same year she was elected to the AOA's Vision Rehabilitation Section board. Dr. Richman has also served on the NJSOP Board of Directors since 2006 and received its Optometrist of the Year award in 2009.



JANE COMPTON, O.D. **New Mexico Optometric Association**

Dr. Compton is a 1983 graduate of the University of Houston College of Optometry. She served as president of the New Mexico Optometric Association in 2007 and past president in 2008. Dr. Compton currently serves as chair of the Finance Committee of the NMOA and is the recent recipient of their Optometrist of the Year award.



EDWARD JOHNSTON, O.D. **New York State Optometric Association**

Dr. Johnston is a 1968 graduate of the Pennsylvania College of Optometry. In addition to being a longtime member of the AOA, he is currently a professor and the vice president of Student Affairs for the State University of New York State College of Optometry. Dr. Johnston has served in virtually every leadership position for the college during his 39 years of service.



KARLA ZADNIK, O.D. PH.D. **Ohio Optometric Association**

Dr. Zadnik is a 1982 graduate of the University of California-Berkeley School of Optometry. She has chaired the AOA's Council on Research since the early 1990s and is a regular contributor to the AOA-PAC. Dr. Zadnik is the medical director of the OOA Realeyes/ Save Our Sight Classroom Initiative and was the recipient of the OOA's 2009 Optometrist of the Year award.



TAMI ROSS, O.D.

Oklahoma Association of Optometric Physicians

Dr. Ross is a 1990 graduate of the Northeastern State University College of Optometry. She currently serves on the OAOP Board of Directors as treasurer and served as a paraoptometric liaison and lecturer. For the past 14 years, Dr. Ross has been seeing patients at the Leadership Square EyeCare, a thriving practice in downtown Oklahoma City.



NADA J. LINGEL, O.D. **Oregon Optometric Physicians Association**

Dr. Lingel is a 1981 graduate of Pacific University College of Optometry. Dr. Lingel served as a member of the Accrediting Council of Optometric Education from 1995-2004. She also performs peer review for *Optometry: the Journal of the American Optometric Association*. For the OOPA, she served on the Board of Directors from 2005-2009, having worked with the Third Party Committee and Quality Assessment Appeal Board as well as co-chairing the OOPA Paraoptometric Committee. Dr. Lingel was also the recipient of the 2009 OOPA OD of the Year.



PERRY C. UMLAUF, O.D. **Pennsylvania Optometric Association**

Dr. Umlauf is a 1987 graduate of the Pennsylvania College of Optometry. He has served on numerous POA committees and the Board of Directors for six years, including serving as president in 2008. Dr. Umlauf has been published in



AOA Immediate Past President Randy Brooks, O.D., presents the AOA Optometrist of the Year award to Randall Reichle, O.D., of Texas.

MARK SWAN, O.D. **Michigan Optometric Association**

Dr. Swan is a 1988 graduate of the Michigan College of Optometry at Ferris State University. He has served on various AOA committees such as the Faculty Relations Committee, Aviation Committee and currently serves on the Research & Information Center's Executive Committee. For the MOA, he has held such positions as president, immediate past president, and chair of MOA-PAC. Dr. Swan is an InfantSEE® provider and a participant in VISION USA. He is the recipient of the MOA's Distinguished Service Award



and worked with both associations on legislative issues. Dr. Malone is also the 2009 MOA recipient of the James P. Brownlee Optometrist of the Year Award. Currently, he serves as the optometrist for Coastal Family Health Center in Biloxi, Miss., providing eye exams, ocular health care, glasses, and contact lenses for uninsured and low-income patients on the Gulf Coast.

MARK CURTIS, O.D. **Missouri Optometric Association**

Dr. Curtis is a 1996 graduate of the University of Missouri-St. Louis College of Optometry. He has given presentations at the AOA



Young ODs of the Year promise great futures

ELIZABETH A. STEELE, O.D. Alabama Optometric Association

Dr. Steele is a 2003 graduate of the University of Alabama at Birmingham, School of Optometry. She is active within both the AOA as a member of the Faculty Relations Committee and the Optometric Educators Exchange Subcommittee and the ALOA as chair of the Education Committee. Dr. Steele was awarded the Alabama Young Optometrist of the Year in 2009 and received the Southern Council Young Optometrist of the South in 2010.



LT. ROBERT P. SENKO, O.D. Armed Forces Optometric Society

Dr. Senko is a 2004 graduate of the Pennsylvania College of Optometry. Dr. Senko is currently a student at the Naval Aerospace Medical Institute



in Pensacola, enrolled in the Aerospace Optometry DUINS program.

DAVID ARDAYA, O.D. California Optometric Association

Dr. Ardaya is a 2003 graduate of Pacific University, College of Optometry. He currently serves as the LSCOA-PAC secretary-treasurer and board member. In 2009, Dr. Ardaya was the recipient of the COA Young OD of the Year award. Dr. Ardaya has been a California Vision Foundation volunteer doctor since 2005.



H. LINDSAY WRIGHT, O.D. Colorado Optometric Association

Dr. Wright is a 2003 graduate of NOVA Southeastern University, College of Optometry. She has been a member of the COA's Membership Development Committee and served as a member on their Credentials



Committee. In 2008, Dr. Wright was elected to serve a two-year term on the COA Board of Trustees. Currently, Dr. Wright is in private practice where she is an InfantSEE® provider and has performed more than 100 assessments to date.

MARGARET "MEG" SHELTON BRYA, O.D. Georgia Optometric Association

Dr. Brya is a 2003 graduate of the Southern College of Optometry. In 2009 she received the GOA's Young Optometrist of the Year award. Dr. Brya actively promotes both the InfantSEE® program and VISION USA and is the Vision Therapy director for Five Points Eye Care in Athens.



JEFFREY A. KEMPF, O.D. Illinois Optometric Association

Dr. Kempf is a 2001 graduate of the Southern



Immediate Past President Randy Brooks, O.D., presents the AOA Young Optometrist of the Year award to Sarah Marossy, O.D., of Idaho.

College of Optometry. He is a member of both the AOA's Contact Lens and Cornea and Sports Vision sections. Dr. Kempf was the recipient of the IOA's Young Optometrist of the Year award in 2009. He is an InfantSEE® program provider and participates in

the VISION USA program. Currently, he is an adjunct instructor for the University of Missouri-St. Louis, College of Optometry and the Southern College of Optometry.

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ODs of the Year,

from previous page

Optometry: Journal of the American Optometric Association and published a president's editorial for the POA's newsletter, the *Keystoner*, in 2008. In 2009, he received the Optometrist of the Year award from the POA and the Central Pennsylvania Optometric Society. Dr. Umlauf moved to Colorado last year, but maintains a strong relationship with the POA as an associate member.

BRAD ALTMAN, O.D. Tennessee Optometric Association

Dr. Altman is a 1994 graduate of the Southern College of Optometry. In addition to being a long-time member of the AOA, he



serves as the chair of the Special Olympics Task Force for the TOA. Dr. Altman is currently in private practice in Mount Juliet.

FRED GOLDBERG, O.D. Virginia Optometric Association

Dr. Goldberg is a 1977 graduate of the New England College of Optometry. In 2009, he served as chair of the AOA Nominating Committee and is the current immediate past president of the VOA after having served as president from 2008-2009. Dr. Goldberg continues to serve on VOA committees and the Board of Trustees. He is a participant in the InfantSEE® program and



received Virginia's Optometrist of the Year award in 2009. Dr. Goldberg is the founder of McLean Eyecare Center in McLean, Va.

THOMAS RILEY, O.D. Optometric Physicians of Washington

Dr. Riley is a 1994 graduate of the Pacific University, College of Optometry. He has served as the OPW Liaison for "Healthy People 2010" and the Awards chair for the Optometric Physicians of Washington. He currently serves as chief of Optometry and Low Vision Services at Spokane VA Medical Center. Dr. Riley was the 2009 Washington state Optometrist of the Year.



JAMES CAMPBELL, O.D. West Virginia Optometric Association

Dr. Campbell is a 1978 graduate of the Southern College of Optometry. He served two terms on the Executive Board of the West Virginia Optometric Association and now serves as immediate past president while remaining active on the WVOA Legislative Committee. In 2009 he was the recipient of the WVOA's Optometrist of the Year award. Dr. Campbell currently serves on the West Virginia Board of Optometry.



ERIC PAULSEN, O.D. Wisconsin Optometric Association

Dr. Paulsen is a 1982

graduate of the Illinois College of Optometry. He is an active participant in the InfantSEE® program. Dr. Paulsen received the Dr. Curtis F. Kenitz Optometric Service Award in 1996 and the WOA Optometrist of the Year award in 2009.



MARTIN CARROLL, O.D. Wyoming Optometric Association

Dr. Carroll is a 1981 graduate of the Southern California College of Optometry. He is past president of the WOA and a current member of the Wyoming Board of Optometric Examiners.



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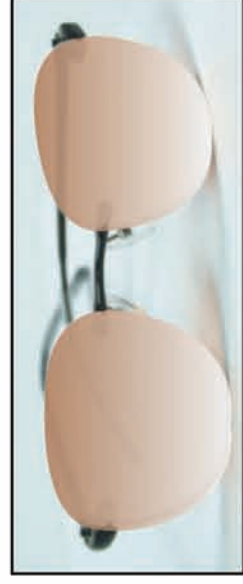
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FIRST 15 UNITS
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BPI® Golfer Advantage™ BPI® Golfer Blue™ These tints enhance critical outdoor shades making it easier for golfers to see fairway. Furthermore, common golf ball colors are amplified so golf balls are easy to find and easy to track. Golfer tints block UV up to 400nm so the eyes are protected from harmful rays.	BPI® Sport Tint™ Brown with a greenish-bronze flare. Designed for heightened contrast ability. For use especially while boating and for general spectator activities.	BPI® Tennis Tint™ Yellow that spectroscopically matches the yellow color of the tennis ball usually used in play. Blue is absorbed, high-lighting the ball and increasing contrast against background colors.	BPI® Golf Tint™ Green with brown overtones. Its light frequency absorption was specially designed to increase the ball's contrast against the blue sky and the fairway.	BPI® Ski Tint™ Brown with a red-orange flare. It absorbs light in the ultraviolet region as well as the blue and violet from the snow and sky. Depth perception is increased.	BPI® Skeet Tint™ Reddish-orange with a tan flare. For the expert who wants to increase his skill when shooting. Increased background lighting brings the target visually closer for sharper distance estimations.
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THESE THERAPEUTIC TINTS CAN BENEFIT PATIENTS WITH:

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BPI® Filter Vision 450™ Winter Sun™ BPI# 37870 Very bright lemon yellow	BPI® Filter Vision 480™ Euro-Brown™ BPI# 37622 Dark brown, a hint of gold	BPI® Diamond Dye 500™ BPI# 37604 Intense orange	BPI® Filter Vision 450™ Winter Sun™ BPI# 37870 Very bright lemon yellow	BPI® Diamond Dye 540™ BPI# 37605 Brown with orange overtone	BPI® Diamond Dye 550™ BPI# 37604 Intense red	BPI® Monochrome 600 BPI# 37880 Deep ruby red
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CODING TODAY

AOA Coding Resources available

The following resources are available to AOA members through the AOA's Clinical and Practice Advancement Group:

- ❖ *AOA.org/Coding* features a 'Frequently Asked Questions' section for members-only, providing questions asked by AOA members and the answers provided by AOA volunteers and staff.
- ❖ *AskTheCodingExperts* @AOA.org offers AOA members the opportunity to e-mail

their coding question and have it answered by an AOA staff person or volunteer who is very knowledgeable in medical records and coding.

- ❖ AOA Coding Webinars are provided as an AOA member-only benefit to educate doctors and staff on medical record-keeping and coding.
- ❖ *AOACodingToday.com* is an AOA member-only benefit available to all new and renewing AOA members at no cost. *AOACodingToday.com* is a

Web-based resource for information related to procedure and diagnosis codes, national and local coverage rules, Medicare relative value information previously available to members for \$349 annually.

- ❖ *AOAReimbursementPlus.com*, another excellent Web-based resource for information on coding rules, fee schedules, reimbursements and much more, is available exclusively to members at a very attractive subscription rate.

- ❖ *Codes for Optometry* is provided by the AOA Order Department for \$125. The two-volume set includes *Current Procedural Terminology® American Medical Association* and a separate volume of diagnosis codes used in eye care, Medicare's Correct Coding Initiative, the HCPCS codes for reporting materials in Medicare, and the Documentation Guidelines for Evaluation and Management Services. This the first year Codes for

Optometry is also available on a CD in a searchable format.

- ❖ *Optometry: Journal of the AOA* will continue to feature articles on these topics in its Practice Strategies section.

The AOA has always been devoted to assisting members in dealing with the challenges of everyday practice life, including those related to insurance programs. And much of this is provided at no cost or at greatly reduced costs to members.

'Ask the Codeheads'

Edited by Chuck Brownlow, O.D.,
AOA CodingToday and Medical Records
consultant

Hello, Chuck,

I discussed the lack of a chief complaint/asymptomatic patient with one of our insurance carriers. The representative gave me an analogy using a colonoscopy patient: A "routine" colonoscopy becomes a "medical" colonoscopy if polyps are found during the colonoscopy.

By the same token, a routine eye examination becomes a medical examination if a cataract is found during the exam, regardless whether symptoms are present and regardless of whether the patient entered with a complaint.

As we all realize, there are many problems that have absolutely no symptoms: retinal hole, asymptomatic detachment, primary open-angle glaucoma, even macular degeneration. I understand that we should bill a visit as medical only if there is a medical reason for the visit and then bill medical for any related diagnostic testing or for a return visit if needed. It is still difficult to understand how these truly medical problems with no symptoms could really never be billed medical on an initial visit.

Thanks, Dr. MB

Hello, Dr. MB,

This issue is a clear reflection of the chaos that exists in the world of health care delivery in 2010. There are three sets of national rules for proper medical record-keeping and for properly reporting the care doctors provide: Current Procedural Terminology, International Classification of Diseases, and Documentation Guidelines for the Evaluation and Management Services; yet there are literally thousands of interpretations of those rules. The interpretations may be in writing, such as with Medicare's Carrier Advisory Manual, Local Coverage Determinations; National Coverage Determinations, Correct Coding Initiatives, pri-

vate insurers' contract language or policy statements, etc.; they may be verbal, as with the information we get when we call a carrier's professional relations department; or they may be unspoken, as with internal billing protocols within health care offices.

Deciding whether a visit should be billed to the patient or to the patient's medical or vision insurance plan has several correct answers, depending upon who is interpreting the question. For example, many offices have firm internal policy that states the visit will be billed to the medical plan when there is a medical reason for the visit and to the patient or a vision plan if the reason for visit is nonmedical. This policy reflects Medicare's clear directive to carriers, even using an eye examination as the example, that the visit will be paid if the visit has a medical reason, even if no medical diagnosis is found. It further states that Medicare should not pay for the visit if there was no medical reason for the visit, even if one or more medical diagnoses are discovered during the visit. It's my understanding that Medicare's logic is they do not intend to pay for screenings for medical conditions and that any visit that was begun in order to screen for medical conditions should not be paid by Medicare (except for glaucoma screenings for high risk patients or examining for retinal disease in patients with systemic diabetes). We can agree or disagree with Medicare's interpretation, but we have to appreciate its clarity.

The opposite is also true. Many offices have equally firm internal policy that a visit is billed to a medical insurer if any medical condition is found during the visit, irrespective of the reason for the visit. Some insurers also subscribe to this logic. I am fairly certain that thousands and thousands of visits have been billed to Medicare over the years based on this logic, by doctors who may or may not have been familiar with Medicare's policy. Just as certain, thousands of visits have been paid by Medicare carriers, based on the fact that a medical diagnosis appeared on the claim

form.

The key point with respect to Medicare having paid for visits with medical diagnoses but without a medical reason for the visit is that the carriers have not been shy about requiring doctors to repay any payments received for visits that had no medical reason. Payment does not guarantee future payment and has resulted in significant repayments of fees by physicians, including ophthalmologists and optometrists.

My strong suggestion to optometrists and their staff is that each office has to develop firm policy as to which types of visits are billed to medical insurers and which are not and that they adhere to that policy as consistently as possible. Contract language with specific payers should be considered when developing such policy. No insurance covers everything, and doctors and staff have to get better at continually explaining that to patients.

"Since you entered the office without a medical complaint; wanting us to check things out to be sure your eyes are healthy and working well; the costs relative to this visit will be billed directly to you, or, if applicable, to your vision plan. However, since we identified a medical problem during the visit, all subsequent visits related to this condition and the diagnostic tests we did today will be billed to your medical insurer and will be paid according to the conditions of the policy. Any services that are not covered by your insurer will continue to be your responsibility, of course."

The issues surrounding this controversy are many and also complex. It is very important that each doctor and the AOA continue to work with insurance companies.

Doctors have to be more consistent and intentional, and the insurers have to become more uniform in their interpretation of these issues, in their policy with respect to them, and in the clarity of their communication with providers regarding them.

No one said health care should be easy, but neither did anyone say it should be chaotic.

Young ODs, from page 15

BRIAN M. ROSS, O.D. Indiana Optometric Association

Dr. Ross is a 2003 graduate of the University of Missouri-St. Louis, College of Optometry. In addition to being a member of the AOA's Contact Lens and Cornea Section, he has served within the IOA as a member of the IOA's Board Certification and Scope of Practice Task Forces and by serving on the IOA Legislative Committee. Dr. Ross provides free eye exams through the VISION USA program and is an InfantSEE® provider. He has been in private practice since 2005.



JASON EUBANK, O.D. Kansas Optometric Association

Dr. Eubank is a 2001 graduate of the University of Missouri-St. Louis College of Optometry. He has been an active member of the KOA and the AOA since graduation from optometry school. Dr. Eubank is a member of the KOA's political action committee and has served on its Education Committee. He currently practices in Wichita.



JEFFREY KLOSTERMAN, O.D. Kentucky Optometric Association

Dr. Klosterman is a 2005 graduate of The Ohio State University, College of Optometry. He is a member of the AOA Contact Lens and Cornea Section and has served on the KOA Membership Committee for the past three years. Dr. Klosterman is an InfantSEE® provider and was the recipient of the KOA's 2009 Young Optometrist of the Year award.



GERALD GERDES JR., O.D. The Optometry Association of Louisiana

Dr. Gerdes is a 2002 graduate of the Southern College of Optometry. He has been the chair of InfantSEE® of Louisiana since 2006. Dr. Gerdes was named the Young Optometrist of the Year in Louisiana in 2009 and currently owns The Vision Clinic in Oakdale, La.



LAUREN GORMLEY, OD Maryland Optometric Association

Dr. Gormley is a 2007 graduate of the Pennsylvania College of Optometry at Salus University. She is a member of the AOA Vision Rehabilitation Section and is chair of the MOA's New OD Committee. In 2009, Dr. Gormley was the recipient of the Maryland State Young OD of the Year Award. Currently, she works as an optometry associate at the Katzen Eye Group in Lutherville, Md.



SARAH HINKLEY, O.D. Michigan Optometric Association

Dr. Hinkley is a 2004 graduate of the Michigan College of Optometry at Ferris State University. She is an active member of the AOA's Low Vision Rehabilitation Section and has successfully authored several AOA Healthy Eyes Healthy People® grant applications. As a member of the MOA, Dr. Hinkley serves as a member of its Low Vision Committee and as chair of its Healthy Eyes Healthy People® 2010 Committee. She has also authored numerous articles published in the *Michigan*



Optometrist journal. Dr. Hinkley continues to provide exams for VISION USA and InfantSEE® patients regularly.

MEGAN SUMRALL, O.D. Mississippi Optometric Association

Dr. Sumrall is a 2006 graduate of the Southern College of Optometry. She is an active participant in the MOA and serves on a diverse range of committees. Dr. Sumrall is co-chair of the MOA Assistance to Graduates and Undergraduates Committee, the Membership Retention Committee and InfantSEE® and Children's Vision committees. She was recently elected to the MOA Board of Directors. In 2009, she was the recipient of the Helen St. Clair Young OD of the Year award.



DUANE THOMPSON, O.D. Missouri Optometric Association

Dr. Thompson is a 1999 graduate of the Southern College of Optometry. He has served as a trustee on the MOA Board of Directors since 2002. Dr. Thompson is currently serving as MOA's president-elect and is an adjunct faculty member of Northeastern State University Oklahoma College of Optometry and Southern College of Optometry.



COREY LANGFORD, O.D. Nebraska Optometric Association

Dr. Langford is a 2001 graduate of the Pennsylvania College of Optometry. He was the NOA Board secretary-treasurer from 2008-2009. In 2009, Dr. Langford was elected vice president of the NOA and will serve as



president in 2012. He has been an InfantSEE® provider for more than five years and is currently in private practice in Omaha, Neb.

WILLIAM R. MARCOLINI, O.D. New Jersey Society of Optometric Physicians

Dr. Marcolini is a 2001 graduate of the Pennsylvania College of Optometry. He has served in various positions within the NJSOP. He is a member of the Clinical Care Committee and serves as chair of its Industry Relations Committee. Dr. Marcolini served on the NJSOP Board of Directors from 2005-2008 and was elected as secretary-treasurer in 2008. He is the current vice president and maintains a private practice with his wife in Clinton, N.J.



MAMIE CHAN, O.D. New Mexico Optometric Association

Dr. Chan is a 2000 graduate of the Illinois College of Optometry. Dr. Chan served on the Communications Committee and board of the NMOA. For the NMOA board, she served as Area director/trustee from 2003 to 2005, vice president in 2007 and has been an officer since 2005. Dr. Chan received the NMOA's Legislative Advocacy Award in 2007 and its Young OD of the Year Award in 2008. She has been an InfantSEE® provider for the past five years as well as a VISION USA provider for the past two years.



See Young ODs, page 31

Call for 2011 courses now open

114th Annual AOA Congress & 41st Annual AOSA
Conference: Optometry's Meeting®
June 15 - June 19, 2011
Salt Palace Convention Center

The Continuing Education Committee of the AOA is pleased to invite submissions of optometric, paraoptometric, and optometric student education courses at the 2011 Optometry's Meeting® in Salt Lake City, Utah.

Continuing education courses will be held from Wednesday, June 15 through Sunday, June 19, 2011.

Courses submitted cover a wide variety of ophthalmic topics.

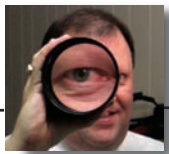
All abstracts must be submitted electronically via online submission by Aug. 6, 2010.

To submit a course, visit the AOA Web site, www.optometrymeeting.org, and click on the "2011 Call for Courses" icon.

Inquiries regarding the Call for Courses can be e-mailed to: continuing-ed@aoa.org.

Submissions must be completed by Aug. 6, 2010, for consideration.

Notification of selected courses will be e-mailed to all applicants in early fall.



FROM THE AOA

Joe Ellis: AOA president and family OD Unique practice mixes love of patients with cutting-edge business acumen

Nestled in the town of Benton, Ky., whose population is about 5,000, is Joe Ellis, O.D., a partner of Eye Care Associates of Kentucky, an integrated eye care network of independent practitioners whose mission is to establish a more efficient delivery system for the management of eye care, while providing cost-efficient care in the managed care environment.

As the new president of the AOA, Dr. Ellis is keenly aware of the challenges that optometrists face on a daily basis, especially with the upcoming developments in health care reform: regulations that are yet to be formed and ensuring that patients' vision care remains a part of comprehensive health care.

Fueling his desire to serve as an advocate for optometry are his patients, who are the heart and soul of why he became an OD and the driving force that motivates him today.

"I see patients from 6 months to 100 years of age. On any given day, I might see a 6-year-old and a 90-year-old patient, one right after the other, so we are a total family eye care practice here," Dr. Ellis said. "What I also see every day is that patients in the past have had barriers to access to eye care because of insurance barriers that have been put up like ERISA. I see patients who have worked for a number of years and lost their health insurance from layoffs, and sometimes, just from aging out of a job. They get into some serious issues with their eyes. I see those kinds of things."

"Because I'm in a rural area, we deal more closely with some of their insurance issues, such as precertifications of certain procedures, denial of care, and frustrations that patients have with access issues. At the end of the day, an optometrist should be or is the advocate for the patient in the health care system because it is confusing and complex."

It is partly because of this complexity that Dr. Ellis sought to make the patient's experience as simple and pleasant as possible. Through a unique approach, both he and his Eye Care Associates partners offer patients streamlined access to optometric care by consolidating all of the business functions of the practice in one central location in Paducah, Ky. With five office locations in Kentucky that operate independently, as a consortium, the group provides comprehensive eye exams, glasses, contact lenses, low vision exams, refractive surgery, cataract surgery, laser surgeries,



AOA President Joe Ellis, O.D., is a family optometrist in Benton, Ky.

and the diagnosis and treatment of glaucoma, retinal disorders, and traumatic eye conditions.

"Our business model is very unique. I've never seen one exactly like it," Dr. Ellis said. "We decided back in 1998 to come together to do our business functions more collectively for economies of scale. So what we are is a business consortium. What that basically means is that we are all independent, but we all put a management fee in to run Eye Care Associates. We collectively do practice management together. All of us working together makes the whole group stronger. It allows us to do a better job on the business aspect of practice."

This approach frees him and staff to focus on what matters most – the patient.

"For example, in my office, we don't do any business functions," he said. "We check people in. We check them out. I give primary care and see patients. All of the insurance processing, accounts payable, payroll, you name it, it's done outside of the office. We've had electronic health records for probably four or five years now. Our consolidation allows us to purchase computer hardware and software that we couldn't purchase as individuals. We are all tied together. So when someone comes in from one of our other offices, we can just pull up their records."

The other unique aspect to Dr. Ellis' group is the offering of surgery services.

"After we formed, in the early days of LASIK, our collective group formed the LASIK center, which is very unusual," Dr. Ellis said. "What's also unique is that we have an ophthalmologist who is a partner with us and part of our business consortium."

For the future, Dr. Ellis said it is important that the AOA remain vigilant in its efforts to expand the scope of services that

see Ellis, page 31

President, *from page 4*

in e-prescribing, maintenance of certification, registries, and Health Information Exchanges to name a few. Again, the AOA must stand up for our patients and stand up for optometry!

Because of health care reform, the 32 million Americans who previously had no health insurance coverage will now have access to health care. With the well-published shortage of physicians and ophthalmologists in the next 20 years, it will be up to optometry to step up to cover the primary eye care needs of this nation. It will be imperative that optometrists from every state be allowed to practice to the fullest scope of their training!

Also, due to the increased demand for vision and eye health services from health care reform, it will be essential for the AOA and state affiliates to make sure that patient access laws at the state level be improved and make sure that there are no barriers facing patients accessing their doctors of optometry for primary eye care.

With the passage of health care reform, there was long overdue recognition at the federal level for making eye health and vision care for America's children a top health care priority. In 2014, all health plans operating in the 50 state-based health insurance exchanges will be required to offer a children's vision benefit. The AOA did stand up for children in this debate.

It is time for all states to stand up for children in the statehouses concerning the school entrance-level eye examinations. Since Kentucky passed its school-entrance eye examination law in 2000, Illinois and Missouri have passed similar legislation. But three states are not enough. Our children deserve better!

A recently published study demonstrated an improvement in the children's test scores in Kentucky since

the enactment of the school entrance-level eye examination law. Sadly, in spite of this data and other published studies that point to the benefits of a school entrance-level eye examination, there remains a core of detractors who choose to ignore the data in favor of personal agendas and personal bias and oppose this basic right for children. It is time for all states to join the first three and stand up for children and battle those personal agendas and fight on behalf of the children's best interest!!

I have covered only a fraction of the effects of implementation of health care reform and how it can impact optometry and our patients. It does seem overwhelming! At our recent Spring Planning Meeting where we made plans for the coming year, I gave the AOA volunteers and staff an enormous charge: How can AOA help our members thrive and succeed with the implementation of health care reform?

Considering the enormous change that we all face with health care reform, it is evident that:

- ❖ Never before has optometry needed the AOA and state affiliates more than now!
- ❖ Never before has health care needed optometry more than NOW!
- ❖ Optometry's greatest challenge that we have ever faced is the implementation of health care reform!
- ❖ Optometry's greatest opportunity is the implementation of health care reform!

As leaders of our profession, we have the opportunity to define the role of optometry for decades to come! I challenge you to be relentless and steadfast in standing up for our patients and standing up for optometry! Thank you!

Joe E. Ellis, OD

Joe E. Ellis, O.D.
AOA president



SPOTLIGHT ON AOA MEMBERS

CL pioneer celebrates lifetime of achievements

When the daughter of contact lens pioneer and optometric leader Joe Goldberg, O.D., asked the AOA to help celebrate her father's 90th birthday, Immediate Past President Randy Brooks, O.D., was happy to oblige. Dr. Brooks gathered

Dear Dr. Goldberg, On this very happy occasion of your 90th birthday, the American Optometric Association would like to congratulate you for your long-time service to the profession of optometry and your

optometric community. S. Barry Eiden, O.D., chair of the AOA's Contact Lens and Cornea Section, had this to say about you, "Dr. Joe Goldberg is truly one of the pioneers in the contact lens field. His concepts regarding aspheric and multi-

Joe Goldberg, O.D., proudly displays his letter of recognition from the AOA in honor of his 90th birthday last month.



"Joe was a true founder in our field, master insightful clinician, curious investigator, mentor, marketer, and successful innovator, especially in aspheric lenses. His partnering with David Volk resulted in successful products and his writing educated many."

accolades from across the association and drafted a framed letter to send to Dr. Goldberg in honor of his lifetime of accomplishments. The letter read:

many accomplishments in the field of contact lenses. A true leader and pioneer in optometry, your groundbreaking work with contact lenses is well known in the

focal contact lens optics laid the groundwork for today's highly successful gas permeable multifocal lens designs. Joe actually was the person who helped me personally

start my gas permeable multifocal practice, which now has grown into one of the most significant and successful components of our practice. Happy 90th, Joe, you truly have influenced so many of us!"

"Joe was a true founder in our field, master insightful clinician, curious investigator, mentor, marketer, and successful innovator, especially in aspheric lenses. His partnering with David Volk resulted in successful products and his writing educated many," says Joe Barr, O.D., Bausch & Lomb's vice president, Global Clinical & Medical Affairs and Professional Services, Vision Care.

At various times during your career, you've been recognized for your dedication to our profession. Among your accolades are:

- ❖ Virginia Optometrist of the Year – 1960
- ❖ Dr. Joseph Dallos Award for 'outstanding contributions

to the development and advancement of contact lens industry and service to humanity.' – 1983

❖ Pioneer Award from the AOA Contact Lens and Cornea Section in recognition of his significant contributions to the contact lens industry – 1998

❖ Founders Award, Section of Cornea and Contact Lenses, American Academy of Optometry – 2001

Dr. Goldberg, you've served in leadership positions on numerous boards, including serving as past president of the Virginia Optometric Association, not to mention a charter member of the AOA's Contact Lens and Cornea Section and founder and first president of the Contact Lens Manufacturers Association.

The profession is indebted to you for your many achievements.

Happy Birthday and Best wishes, Randolph E. Brooks, O.D. AOA President

Young ODs, from page 19

STEPHANIE SU, O.D. New York State Optometric Association

Dr. Su is a 2005 graduate of the New England College of Optometry. She is currently the manager of Research Clinic Operations for Bausch + Lomb and an optometrist with Visionary Eye Associates.



Year Award in 2008. As a member of the AOA, she serves on the State Government Relations Center Executive Committee and received the AOA Advocacy Leadership Award in 2008. Dr. Brown is also a volunteer for the InfantSEE® and VISION USA programs and practices in a private group setting in Warren and Austintown, Ohio.

STEPHANIE RICE, O.D. Oklahoma Association of Optometric Physicians

Dr. Rice is a 2003 graduate of the Northeastern State University, College of Optometry. In 2004 Dr. Rice received the America's Top Optometrist Award and in 2009 was the recipient of the OAOP's Young OD of the Year award. Recently, Dr.



Rice received a grant to promote the InfantSEE® program in the Tahlequah area.

SAMANTHA CAGGIANO, O.D. Oregon Optometric Physicians Association

Dr. Caggiano is a 2001 graduate of Pacific University, College of Optometry. She has served as the AOA-PAC representative from the OOPA. Dr. Caggiano was the recipient of the 2009 OOPA Young OD of the Year award.



STEPHEN E. HESS, O.D. Pennsylvania Optometric Association

Dr. Hess is a 2004 graduate of the Pennsylvania College of Optometry. In

see *Young ODs*, page 31

REBECCA WILLIAMSON BROWN, O.D. Ohio Optometric Association

Dr. Williamson Brown is a 2003 graduate of the Southern College of Optometry. She was elected trustee of the OOA Board in 2009 and received the OOA Key Optometrist of the



Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association. Got a story to share? Drop a line to TLOverton@aoa.org.



Through a network of suppliers, Member Advantage provides savings on valuable business, finance and insurance products and services for your practice.

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Member Advantage Profile: AOA Insurance Alliance

AOA's great new solution for malpractice insurance for optometrists, by optometrists

The AOA has new partners for its endorsed professional liability (malpractice) insurance. The new partners, Lockton Affinity and ProAssurance, will provide AOA members with the most comprehensive malpractice insurance at the best value and service.

Branded as the AOA Insurance Alliance, the new partnership is an exciting and innovative change in direction for the AOA's endorsed malpractice insurance program.

The change is more than a change of brokers and insurance carriers – it is a shift in direction designed to ensure that members receive full scope of coverage as their scope of practice evolves, resulting in more stable premiums and fair rate-setting procedures.

This partnership goes one step further by providing the AOA unprecedented access to information and decision-making processes that will help manage the program.

This increased role in governance by optometrists over the insurance program will result in a plan better tailored to meet the ever-changing needs of AOA members.

The AOA Insurance Committee and Board of Trustees conducted an extensive review to find the perfect partners for this new direction.

Lockton Affinity, a subsidiary of Lockton Companies, the largest privately owned broker in the world, was chosen as the program broker. Lockton Affinity has earned a reputation as an outstanding customer service organization focused on serving the members of professional organizations like the AOA.

The carrier chosen to underwrite the malpractice policy is ProAssurance and its wholly owned subsidiary, PACO Assurance Company, Inc.

ProAssurance has more than 30 years of experience underwriting a variety of specialty-specific medical professional liability insurances and has the financial backing of the nation's fifth largest professional liability insurer.

This experience gives the AOA's new partners the knowledge and understanding necessary to accurately rate policies as well as successfully defend claims and develop meaningful risk management programs and tools. PACO has been independently given an A- (Excellent) rating by A.M. Best.

Together these companies provide the right combination of experience and innovation to provide AOA members with the best malpractice insurance available.

To enroll in the AOA Insurance Alliance and ensure your good name is protected, visit www.aoainsurancealliance.com.

The enrollment process can be completed online in a short amount of time, and you will receive your coverage certificate via e-mail immediately.

The AOA Insurance Alliance also offers business owners insurance to offer protection for your practice. Details about this coverage are online at www.aoainsurancealliance.com.

If you have questions regarding the malpractice or business owners insurance, call 888-343-1998.

Patch, from page 1

ment law, optometrists can once again file Medicare claims as usual, Hymes added.

The AOA Advocacy Group last month advised AOA member optometrists to temporarily hold Medicare claims until Congress could act to adjust the health plan's fee schedule. The 2.2 percent fee increase will be retroactive to June 1 when the pay cut had been scheduled to take effect, the CMS emphasized in announcing the new law last month. The temporary fee increase will remain in effect through Nov. 30, 2010.

The CMS in May advised payment contractors to hold Medicare claims with dates of services on or after June 1, anticipating legislative action to adjust the Medicare fee schedule. Following last month's legislation, the agency again advised payment contractors to discontinue processing claims at the negative update rates and to temporarily hold claims with June dates of service until software with the new 2.2 percent update rates are tested and loaded into claims processing systems.

Effective testing of software with the new 2.2 percent update will ensure that claims are correctly paid at the new rates, the CMS emphasized.

The agency expects payment contractors to begin processing claims at the new rates no later than July 1, 2010. Claims for services rendered prior to June 1, 2010, will continue to be processed and paid as usual, the CMS said. Claims containing June 2010 dates of service that have been paid at the negative update rates will be reprocessed as soon as possible, the CMS emphasizes.

Under current law, Medicare payments to physicians and other providers paid under the MPFS are based on the lesser of the submitted charge on the claim or the MPFS amount, the CMS notes. Claims containing June dates of service that were submitted with charges greater than or equal to the new 2.2 percent update rates will be

automatically reprocessed, the CMS emphasizes.

Affected physicians/providers who submitted claims containing June dates of service with charges less than the 2.2 percent update amount will need to contact their local Medicare contractor to request an adjustment. Submitted charges on claims cannot be altered without a request from the physician/provider, the CMS notes. Physicians/providers should not resubmit claims already submitted to their Medicare contractor, the agency emphasizes.

Last month's legislation marks the fourth time lawmakers have intervened to override the 21 percent Medicare pay cut, which had originally been scheduled to take effect Jan. 1, 2010. Because the newly enacted pay patch expires in November, further action by Congress will be needed this year to keep the pay cut from taking effect, AOA Advocacy Group Director Hymes noted.

The pay cut is indicated under the Medicare fee-setting formula to keep reimbursements in line with a Sustainable Growth Rate (SGR) that is designed to limit growth in program costs.

The AOA and other health care practitioner organizations, who consider the SGR arbitrary and unreasonable, are lobbying to amend the fee-setting formula.

In an advisory to optometric leaders last month, Hymes thanked AOA member optometrists for a "terrific response" to an AOA Legislative Action Alert that urged practitioners to contact members of the U.S. House in support of the Medicare fee patch legislation. Although the Senate approved the Preservation of Access Care Act earlier this year, House leaders had been reticent to act on the measure. However, within days of the AOA action alert, House leaders "changed course" and the measure passed the House on an overwhelming 417-1 vote.

Vistakon launches first, only SiHy 1-day CL in U.S.

Vistakon®, Division of Johnson & Johnson Vision Care, Inc., announced that it has received clearance from the United States Food and Drug Administration (FDA) to market narafilecon B, the first and

“1-Day Acuvue® TruEye™ is a breakthrough in contact lens technology with a distinctive balance of properties that enables it to offer exceptional comfort, comparable to a contact lens-free eye,” said Dave Brown, president,

eration, high-performance silicone hydrogel material and Hydraclear® 1, a proprietary formulation of the patented Hydraclear® technology with the hygiene, flexibility and convenience of a one-day replacement lens. It also offers the highest level of UV protection in a contact lens.

“1-Day Acuvue® TruEye™ was designed, developed, and clinically researched versus the ultimate benchmark: the natural eye,” explains Colleen Riley, O.D., vice president, Professional Development, Vistakon®.

An ongoing one-year, 94-subject, randomized, investigator-masked, parallel group study compared patients wearing 1-Day Acuvue® TruEye™ with patients who have never worn contact lenses.

After one month of wear, 1-Day Acuvue® TruEye™ was shown to have no significant effect on the ocular surface of the eye as compared to non-contact lens



The Vistakon-sponsored Optometry's Meeting® Exhibit Hall ribbon-cutting ceremony was kicked off by AOA President Joe Ellis, O.D.; Dave Brown, president, Vistakon, Americas; Immediate Past President Randy Brooks, O.D.; President-elect Dori Carlson, O.D.; and Trustee Andrea Thau, O.D. Trustees Steve Loomis, O.D., Chris Quinn, O.D., and Sam Pierce, O.D., are shown in the back row.

only silicone hydrogel daily disposable lens in the United States.

The company will market it under the name 1-Day Acuvue® TruEye™ Brand Contact Lenses, and at Optometry's Meeting® revealed that the product would be available in the offices of eye care professionals throughout the United States beginning in June.

Vistakon®. “Fifteen years after Vistakon® introduced the world's first one-day disposable soft contact lens, we continue our heritage of and commitment to bringing healthy vision to everyone, everyday through innovative new products.”

Designed to keep eyes looking white and healthy, 1-Day Acuvue® TruEye™ combines narafilecon B, a next-gen-

wearers across five of six contact lens-related measures associated with eye health.

In addition, 1-Day Acuvue® TruEye™ was also shown to provide high levels of comfort from morning to night, comparable to wearing no lens at all.

“The data suggests that 1-Day Acuvue® TruEye™ can help maintain ocular health with the near ‘no-lens’ experience, and keep the lens wearing eye looking white and healthy, while also providing consistent comfort throughout the day,” said Dr. Riley.



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– Dr. Henry Greene, OD

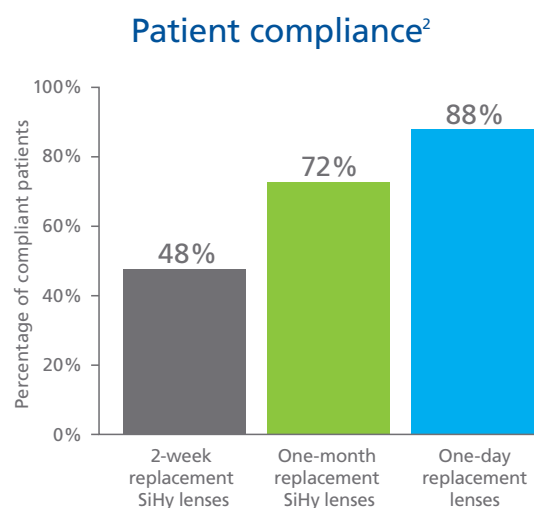
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monitored closely during the first month of 30-night continuous wear. The maximum suggested wearing time should be determined by the eye care professional based upon the patient's physiological eye condition because individual responses to contact lenses vary. Side effects: Infiltrativ keratitis was reported at a rate of approximately 5% during the one-year US study of 1300 eyes. Other side effects included conjunctivitis, GPC, and lens discomfort, including dryness, mild burning, or stinging. Contraindications: The lens should not be used when an inflammation or infection of the eye is present, or when there is any disease or injury in or around the eye or eyelids. The lenses should not be used by individuals who have medical conditions that might interfere with contact lens wear. Consult the package insert for complete information about AIR OPTIX® NIGHT & DAY® AQUA lenses, available without charge from CIBA VISION® Corporation at 1-800-241-5999 or www.cibavision.com.

References: 1. Profitability compared to the leading 1-2 week premium SiHy lenses. Based on ACNielsen data, 12 months ending June 2009. 2. Dumbleton K, Woods C, et al. Patient and practitioner compliance with silicone hydrogel and daily disposable lens replacement in the United States. *Eye & Contact Lens*. 2009;35(4):164-171.

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Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council™ to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: Luxottica Group

WORKING TOGETHER TO SUPPORT INDUSTRY GROWTH

Luxottica is deeply committed to supporting independent practitioners and investing in the growth of quality eye care and eyewear for everyone.

Creating Real Change Through 'Think About Your Eyes'

Luxottica, Essilor and VSP Global have joined forces in the groundbreaking new Think About Your Eyes Campaign, a multimillion-dollar two-year public awareness initiative aimed at increasing consumer awareness of the importance of vision health and regular eye exams. Through nationwide television and radio advertisements and social media the campaign is educating consumers on the role that comprehensive eye exams play in monitoring overall health.

Consulting With Our Professional Partners On Brand Selection

Working together with our independent partners, Luxottica sales consultants are in touch with professional needs and patient demands, ensuring the most appropriate selection of frames for every practice. Luxottica world-class brands offer superior quality and styles for every taste and budget. These elements and more play a vital role in patient satisfaction, patient compliance, and the growth of every optometric practice.

Sponsoring Continuing Education Through the Working Together Series

Luxottica's 2010 Working Together Series, Learn, Grow, Connect features ABO-sponsored accredited courses and COPE-approved courses in partnership with optometric schools across the country. With events scheduled throughout the U.S., the series is an opportunity for Luxottica's key customers to earn continuing education credits, discover new opportunities for growth, and connect with other industry professionals.

Supporting Optometry, Now and into the Future

For many years, Luxottica has granted funds for the various programs of the AOA, including the AOA Ophthalmic Council™, AOA Summit meetings, local and regional events, and state programs such as the AOA's Healthy Eyes Healthy People® project. These programs, together with optometry school grants and scholarships, are just a few of our many investments in the future of optometry.

Giving Back

OneSight, Luxottica's charitable vision care programs, is dedicated to improving vision throughout the world. Since 1988, our global missions and local and regional outreach programs have provided free vision care and eyewear to more than 9 million people in need.

By Working Together with our professional partners, we can achieve great success, industry growth, and prosperity for all.

CooperVision sets the social media stage at Optometry's Meeting®

Last month at the 113th Annual AOA Congress & 40th Annual AOSA Conference: Optometry's Meeting® in Orlando, Fla., CooperVision discussed the company's continued efforts and focus on creating a robust social ecosystem.

CooperVision also held a symposium at the meeting, with two sessions due to an overwhelming response to the first. During "Integrating Social Media into Your Practice's Marketing – The Pros and Cons," Janice Gaub, senior director of Marketing, Social Media and Internet at CooperVision, spoke about how social media can help transform practices and improve the relationships between eye care practitioners (ECPs) and their patients, and provided suggestions for how ECPs can get started.

CooperVision has taken a unique approach to educating ECPs on social media by partnering with them directly.

Over the course of six weeks, CooperVision worked with hundreds of eye care practices to build and implement social media strategies aimed at attracting and retaining patients. The practices had varying levels of social media experience and executed different plans depending on the networks already in use.

Numerous social media platforms were tested, including Facebook fan pages, Facebook advertising, Google, RSS feeds and blogs. As a result of these efforts, each practice saw an increase in fans or followers – with an average of 60 fans per page – and increased traffic to practice Web sites.

"We are constantly looking for new ways to market our practice and better connect with patients – particularly through social media," said Jason Miller, O.D., who

recently worked with CooperVision to build a Facebook page. "I think Facebook is a relatively untapped market, and practices that take the initiative to create a fan page may gain a competitive advantage."

Looking ahead, CooperVision will continue to work to strengthen its connection with the vision care community through social media channels.

CooperVision goes live

This spring, CooperVision launched a Facebook page geared toward consumers, making information on contact lenses, company news and updates easily accessible. In an effort to expand its social media presence and increase its visibility, the company recently launched a YouTube channel at www.youtube.com/coopervisioncontacts.

CooperVision's YouTube channel features videos on the company's family of products, innovative technology and general contact lens wear and care.

The "Man on the Street" videos are also posted on YouTube. CooperVision partnered with Mark Malkoff, a comedian and filmmaker famous for his attempt to visit all 171 Starbucks locations in Manhattan in a single day and moving into an IKEA store in New Jersey for a week, to raise awareness about multifocal and toric contact lenses.

In a bet to see how many people can define presbyopia and astigmatism, Malkoff and a CooperVision representative hit Grand Central Station in New York City to test unsuspecting people on their knowledge of these two common vision disorders. The "Man on the Street" videos can be seen at www.youtube.com/cooper_visioncontacts.



VisionWeb continues to report rapid growth

VisionWeb continued to experience substantial growth over the past year, easily maintaining its status as the largest open and neutral Web portal in the optical or eye care industry, according to Ken Engelhart, president and CEO.

The Web portal over the past 12 months saw a 30 percent increase in the number of practitioners placing orders, with similar increases in other key statistics across operations in the United States, Canada and Europe, Engelhart said.

Established in 2000 to deliver the speed, efficiency and connectivity of the Internet to all participants in the eye care industry, VisionWeb has seen a rapid acceleration in growth over the past four years, according to company literature.

Because the AOA is an equity affiliate of the portal, Engelhart reports to the AOA House of Delegates each year on VisionWeb's performance.

"VisionWeb remains the largest open and neutral electronic portal in the optical space," Engelhart said.

An analysis of U.S. VisionWeb data now finds:

- ❖ More than 13,000 eye care practitioners placed orders through the portal in April – up 30 percent from 10,000 during the previous

year;

- ❖ 750 suppliers now accept orders through VisionWeb – up 25 percent from 600 a year ago

toward a limited network of suppliers or specific insurance payers.

VisionWeb was founded in 2000 by Essilor of

Inc., Jobson Medical Information LLC, Marchon Eyewear, Inc., the American Optometric Association, and Transitions Optical, Inc. have since become equity partners of VisionWeb.

Insurance claims filed through VisionWeb's Insurance Transaction Processing Service are processed through Emdeon, the world's largest electronic medical claims clearing house, Engelhart said.

Engelhart also credited growth to ongoing marketing efforts – including Webinars, promotions, channel market-

ing programs, social media and e-mail "blasts" – all designed to educate practitioners and office staff members on VisionWeb services and provide instructions on how to use them.

Under its equity affiliate agreement with AOA, VisionWeb provides royalties to state optometric associations based on total revenues generated from orders by optometrists in their respective states. A total of 43 state optometric associations now participate in the program.

Access VisionWeb at www.visionweb.com.

More than 13,000 eye care practitioners placed orders through the portal in April – up 30 percent from 10,000 during the previous year.

VisionWeb offers its services in 28 countries worldwide, and growth levels in other parts of the world were similar to those in the U.S., Engelhart said.

Engelhart credited growth to increasing adoption of online commerce among eye care practitioners and suppliers. Increases in participating practitioners and suppliers appear to be mutually spurred in a kind of "chicken and egg" effect, he said.

Engelhart emphasized VisionWeb is open to participation by all practitioners, suppliers and third-party payers and is "neutral" in its orientation. VisionWeb's services are open to all practitioners, suppliers and insurance payers willing to connect to VisionWeb, a key point of differentiation from other industry portals that are oriented

America, Inc. and Johnson & Johnson Vision Care, Inc. as an independent company. Advanced Medical Optics,

Essilor introduces Crizal Sapphire lenses with Scotchguard protector

Essilor of America, Inc., announces the launch of Crizal Sapphire™ lenses with Scotchguard™ Protector, a breakthrough innovation in no-glare performance, scratch resistance and cleanability that surpasses Crizal Avancé lenses with Scotchguard Protector, which already led the industry with its superior performance and quality.

Crizal Sapphire lenses offer advanced no-glare performance through Essilor's exclusive Enhanced Light

Transmission (ELT) System, an innovative technology that maximizes light transmission through the lens by further reducing glare and visible reflections.

As a result, Crizal Sapphire lenses with Scotchguard Protector have 50 percent less reflection than the previous industry leader, Crizal Avancé lenses with Scotchguard Protector.

"The debut of Crizal Sapphire lenses with Scotchguard is just another example of how Essilor

remains committed to driving innovation and delivering the best products available in the marketplace to eye care professionals and their patients," said Carl Bracy, vice president of marketing for Essilor of America. "Crizal Sapphire lenses with Scotchguard Protector truly go above and beyond in anti-reflective performance, scratch resistance and cleanability."

The newest member of the Crizal family offers the best scratch resistance with Essilor's revolutionary SR Booster™ layer. This advanced technology raises the scratch resistance of Crizal Sapphire with Scotchguard Protector to a level unmatched by any competitor.

Additionally, Crizal Sapphire lenses with Scotchguard Protector utilize Essilor's proprietary High Surface Density™ (HSD) process to achieve the industry's best cleanability with a contact angle of 116°.

Crizal Sapphire lenses with Scotchguard Protector are now available to eye care professionals and their patients. For more information on Crizal Sapphire lenses with Scotchguard Protector, visit www.crizalusa.com.

Estrada gives 'sightations' to raise eye health awareness

Taking healthy sight awareness to the streets of New York City, Transitions Optical teamed up with Erik Estrada of the famed '70s TV show "CHiPs" to educate consumers about the importance of proper eye care and eyewear. As a Healthy Sight officer dressed in full uniform, Estrada led the Healthy Sight Patrol through high-traffic areas of the city to issue "Sightations" to those not properly caring for their eyes. Individuals received Sightations for violations such as "Visual Abandonment" and "Indecent Exposure" and had the opportunity to get their photo taken with Estrada.

Summer is an especially important time to educate consumers about the need to protect their eyes, particularly with the increased amount of time being spent outdoors exposed to the sun's harmful UV rays. Research shows that an overwhelming number do not know that exposure to UV rays can cause long-term, irreversible damage to the eyes.

"This grassroots effort is an extension of our year-long consumer outreach to build awareness for the need for

healthy sight," said Dan McLean, communications specialist, Transitions Optical. "New York City offers a broad base of consumers with which to interact and inform them about the damaging effects of UV exposure and the importance of wearing proper eyewear, such as Transitions® lenses, that block 100% of harmful UV rays."

"I'm thrilled to partner with Transitions Optical to help protect citizens today and tomorrow by educating them about importance of protecting their vision," said Estrada. "It's a great opportunity to remind everyone that protecting their eyes from the sun with the right eyewear and visiting their eye doctor regularly can help promote healthy sight for a lifetime."

Join the Healthy Sight Patrol by visiting www.GetSighted.com and create and share customized postcards featuring Erik Estrada via e-mail, Facebook and Twitter and send Sightations to friends and family members. For more information and to download your photo with Erik Estrada, visit www.GetSighted.com.

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FAX: 605/224-6047
Sdeyes3@pie.midco.net

VERMONT OPTOMETRIC
ASSOCIATION MEETING
September 10-12, 2010
Stowe Mountain Lodge, Stowe,
Vermont
David DiMarco, O.D.
802/524-9561
FAX: 802/524-6060
djd@nveyecare.net
Exhibit Hall

ARIZONA OPTOMETRIC
ASSOCIATION
2010 AZOA FALL CONGRESS
September 10-12, 2010
Sedona, Arizona
Kate Diedrickson
602/279-0055
kate@azoa.org

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CONNECTICUT ASSOCIATION
OF OPTOMETRISTS
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Groton, Connecticut
Lynn Sedlak
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FAX: 860/529-1944
e-mail: info@cteyes.org
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joleenwoaoffice@tds.net
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Dr. Patricia Estes-Walker
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ce@sco.edu
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October

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Airport Hilton, Wichita, Kansas
Todd Fleischer
785/232-0225
FAX: 785/232-6151
todd@kansasoptometric.org
www.kansasoptometric.org
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and paraoptometrics with exhibit
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Paraoptometric Education: 8 hours
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ences/2009/oct/10/opto.phtml

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Young ODs,

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addition to being a member of the AOA and the POA, he has been a member of the POA's Student Membership Task Force since 2005. Dr. Hess has also been a contributing author to *Optometry: Journal of the American Optometric Association*.



JERRY DIAMOND, O.D. Tennessee Optometric Association

Dr. Diamond is a 2007 graduate of the Southern College of Optometry. In addition to being an AOA



member, he is the local chair of the TOA's Political Action Committee and received the TOA's Young OD of the Year award in 2009. Dr. Diamond is also a participating optometrist in the InfantSEE® program and practices in Newport, Tenn.

BEVERLY NEWHOUSE, O.D. Texas Optometric Association

Dr. Newhouse is a 2002 graduate of the University of Houston, College of Optometry. In addition to being a member of both the AOA



and the TOA, Dr. Newhouse has served on TOA's Board of Directors and handled several committee assignments. She currently sits on the Board of Directors for the Optometric Professional Network in League City, Texas.

ADAM PARKER, O.D. Virginia Optometric Association

Dr. Parker is a 2002 graduate of the Pennsylvania College of Optometry. He is a member of both the AOA and the VOA. Dr. Parker was the recipient of the VA Young Optometrist of the Year award in 2009. Currently, he practices with Primary Care Optometry in Virginia.



BRIAN J. KONING, O.D. Optometric Physicians of Washington

Dr. Koning is a 2004 graduate of Pacific University

College of Optometry. He has been an AOA member since his student days at Pacific University and belongs to the AOA Contact Lens and Cornea Section. Dr. Koning currently serves on the OPW Government Agencies Committee and was named the 2009 OPW Young OD of the Year.



MARTIN CARPENTER, O.D. West Virginia Optometric Association

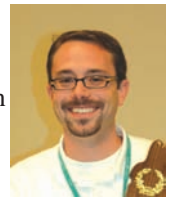
Dr. Carpenter is a 2003 graduate of the Southern College of Optometry. Dr. Carpenter has served on the Executive Board of the WVOA as a Trustee for the past two years. He is also an InfantSEE® provider, having



performed more than 300 InfantSEE® exams. Dr. Carpenter recently received the West Virginia Young Optometrist of the Year award.

RYAN AMES, O.D. Wisconsin Optometric Association

Dr. Ames is a 2007 graduate of the Illinois College of Optometry. He was selected by the Wisconsin Optometric Association (WOA) membership to serve a three year term on the WOA Board. He is also the 2010 chair of the WOA New Optometrist Committee. Dr. Ames is an active participant in the InfantSEE® program, as well as Vision USA. He owns his own practice, Northshore Eye Care, and has started two separate corporations.



Ellis,

from page 20

optometry provides to patients.

To help the association ensure that optometrists remain key players in developing health care reform, Dr. Ellis would like to encourage members to get involved with their state legislatures.

"First, I would ask them to engage at the state level with their local legislatures. Because of the development of the state health exchanges, we need to play an active role there to make sure that optometry is the primary eye care provider," he said. "Number two, since there are going to be more people with access to health care than ever before, optometry has to step up to be the primary provider for primary eye care.

"We have the opportunity to define the role of optometry in the health care system for decades to come," Dr. Ellis said. "This opportunity doesn't roll around very often – the remaking of health care in the country."

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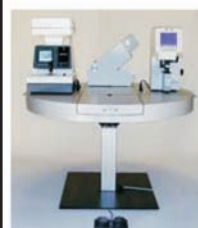
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Ron Foreman, O.D., F.A.A.O.	2 hours CE Optometric Jurisprudence

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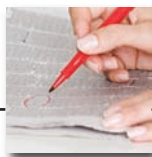
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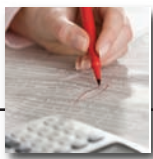
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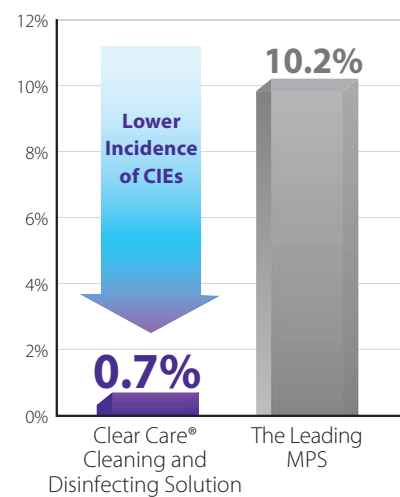
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